

Roll Number 4368 000 _____ Account Number _____ Start Date: _____

DUE DATE
Pre-Authorized Payment Plan Enrollment Form

Name: _____ Signature _____

Name: _____ Signature: _____
(If more names appear on the tax account please attach additional information)

Mailing Address: _____
(STREET) (CITY)

(PROVINCE) (POSTAL CODE) (TELEPHONE NUMBER)

BANK INFORMATION **A "VOID" cheque must be attached to provide bank information**

Withdrawals will be made on the Due Dates indicated on the interim and final tax bills. There is no surcharge for this method of payment. The bank account must be in the tax payer's name.

In order to **cancel** this authorization the bank account holder must provide **30 days** written notice to the Treasury Department. Also if you change banks, you must advise us in writing and provide us with a void cheque for the new account.

If a payment does not clear your bank account for any reason, an administration charge of \$35.00 will be imposed. A second occurrence will automatically cancel your pre-authorized payment plan.

Any outstanding amounts will become due as soon as the plan is cancelled.

Your account must be paid in full and clear of any previous charges before your application for the plan is accepted.

I/we hereby authorize the Township of Tiny to debit the above Canadian account on the tax due date for payments payable to the Township of Tiny in respect to property taxes

Signature of Bank Account Holder

Date

Signature of Bank Account Holder

Date

For joint bank accounts requiring more than one signature, all parties must sign this form.

