TOWNSHIP OF ZORRA

PRE-AUTHORIZED PAYMENT PLAN FOR PROPERTY TAXES

AUTHORIZATION FORM

Owner Names: _____

_____

Telephone No.: Res: _____ Bus: _____

Assessment Roll No.: _____ Account #: _____

Email Address:_____

Transit Number (5 digits): _____ Bank Number (3 digits) ___ Bank Account Number: _____

Financial Institution: _____

Please check one (1) of the following:

____ 4 instalments _____ 10 instalments ___ 12 instalments

I/We hereby authorize the above Financial Institution to debit my/our account each month as indicated above for all payments payable to the Corporation of the Township of Zorra.

I/We accept the terms and conditions herein defined and authorize the Township of Zorra to begin deductions for payment of my/our tax account for the amount specified. I/We ensure that the funds will be available each month to cover withdrawal and that insufficient funds will result in finance charges as applicable, and possibly cancellation of my/our enrollment in the payment plan.

This authority is to remain in effect until cancelled by either myself/us or the Township of Zorra by written notification. If not cancelled, it will remain in effect for future years.

_____ _____

**Authorized Signature (1) Date

_____ _____

**Authorized Signature (2) Date

**If more than one signature is required for withdrawals against the account number specified, all authorized signatures must be given.

ATTACH VOIDED CHEQUE TO THE AUTHORIZATION FORM

Mail to: Township of Zorra Box 306, Ingersoll ON N5C 3K5

For office use only. Date processed: _____