



# PRE-AUTHORIZED PAYMENT APPLICATION FORM

PROPERTY ROLL NUMBER: \_\_\_\_\_

This agreement is for (check one):  Personal  Business

Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I/We hereby authorize The Corporation of the Township of Armour to debit my/our account per attached VOID cheque, for all estimated taxes applicable to the above noted assessed property. This authorization may be cancelled at any time upon notice by me/us.

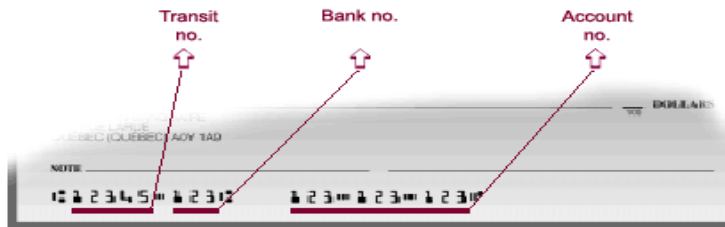
Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account)

**ONLY COMPLETE THE FOLLOWING INFORMATION IF YOU HAVE NOT ATTACHED A VOID CHEQUE**

Bank Details Sample Bank Account (from bottom of cheque)



Bank Account # \_\_\_\_\_ Branch Transit # (5 Digits) \_\_\_\_\_ Institution # (3 Digits) \_\_\_\_\_

I/We agree to (check one)

|  |   |   |
|--|---|---|
| <input type="checkbox"/> 12 Month Payment Plan<br>Account MUST be Up to Date to start.<br>Specify the start month: | <input type="checkbox"/> Due Date Payment Plan<br>Account MUST be Up to Date to start<br>for due date.<br><input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 | <input type="checkbox"/> Tax Payer Defined Payment Plan<br>Amount to be Withdrawn \$ _____<br>Withdrawal is the first of every month.<br>Specify the start month: |
|--|---|---|

Personal information on this form is collected under the authority of the Municipal Act, 2001 and is used to maintain a record of individuals participating in the Pre-Authorized Tax Payment Plan in the Township of Armour.