

PRE-AUTHORIZED TAX PAYMENT AUTHORIZATION FORM

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Return the completed form with a blank cheque marked "VOID" to:
Township of Drummond/North Elmsley
310 Port Elmsley Road, R.R. #5
Perth, ON K7H 3C7
3. There will be a \$25.00 service charge for any NSF on bank accounts.

SELECT YOUR PLAN

- INSTALLMENT PLAN** –full amount of the installment taken last business day of February, April, July and September
- 1st of the month - (Start Nov. 1st with 11* equal payments, plus a final payment to clear the balance)
- 15th of the month - (Start Nov.15th with 11* equal payments, plus a final payment to clear the balance)
- 1st & 15th - (Start Nov. 1st with 23* equal payments, plus a final payment to clear the balance)

Late start: _____ PLAN _____ (\$ _____)

PROPERTY OWNERS NAME (\$)	
MAILING ADDRESS	
HOME PHONE	EMAIL:
BUSINESS PHONE NUMBER	
ROLL NUMBER	
INSTITUTE NUMBER	attach banking information printout or void cheque
BRANCH NUMBER	attach banking information printout or void cheque
ACCOUNT NUMBER	attach banking information printout or void cheque

X (sign here) _____
Signature

Signature (if 2 required)

Second signature only required where more than one signature is required on cheques issued against the account. Please do not forget to enclose a sample cheque marked "VOID". Call the Township Office at 267-6500 for further information.

Date: X date _____

**Program is based on 11 equal payments with final payment clearing balance on Tax account. If you join the program after the November start, the number of payments will be adjusted accordingly. Special arrangements do occur with fixed payment amounts over the course of the program.*

PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Terms and Conditions

1. In this Agreement, "I", "me", and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Plan, authorizing the Payee indicated on the reverse to draw an electronic debit to make a payment on the Roll number(s) from the Account at the Financial Institution indicated.
I authorize the Financial Institution to honour and pay such debits as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon written notice. I acknowledge that written notice must be sufficient that once the payments once forwarded to the bank will be subject to recall at the bank's discretion. Every effort will be made to recall the payment.

The Agreement only applies to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

4. I will receive notification in a change of the payment amount. The PAD program runs from November until October, consisting of 11 equal payments and the twelfth payment in October is subject to the balance owing on the account. In September you will receive written notification of the amount of the October payment and the approximate amount of the November payment which begins the new Taxation year's plan.

OWNER'S AUTHORIZATION FOR AGENT TO MAKE PAYMENTS
(Must be Completed if Agent Appointed)

I/We, not applicable _____ ,
am/are the owner(s) of the land
Approval, and I/We authorize not applicable _____ to make this
payment on my/our behalf.

Signature of Owner(s)

Signature of Owner(s)

Date