TAX PRE-AUTHORIZATION PAYMENT PLAN APPLICATION

Account Name:_____

Roll Number:_____ Legal or Civic Address:_____

Mailing Address:_____ Phone Number:_____

Email Address:_____

BANKING INFORMATION (attach a VOID cheque)

Provide a Void Cheque *OR* a direct deposit form from your banking institution

Frequency of Payment (Circle One): Monthly 30th , OR Annually July, OR Annually October.

Payment Amount if Monthly:_____

I hereby authorize the Rural Municipality of Dufferin to make regular withdrawals from my bank account on the said specified dates.

SIGNATURE:_____ DATE:_____

PRINT NAME:_____

FOR OFFICE USE ONLY

Customer #: _____ Initials for setup done:_____