



## TAX PRE-AUTHORIZED PAYMENT PLAN APPLICATION

Account Name: \_\_\_\_\_

Roll Number: \_\_\_\_\_ Legal or Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### BANKING INFORMATION (attach a VOID cheque)

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Transit #: \_\_\_\_\_ Bank #: \_\_\_\_\_ Account #: \_\_\_\_\_

Frequency of Payment (Circle One): **Bi-Monthly** (15th & 30th), **Monthly 15th** OR **30th** choose one or **Annually**.

Payment Amount: \_\_\_\_\_

Check here if you would like the Outstanding Balance withdrawn prior to the end of each billing period on the last scheduled payment prior to the Tax Bill Due Date. (October)

**I hereby authorize the Rural Municipality of Dufferin to make regular withdrawals from my bank account on the said specified dates. Further I understand the monthly withdrawal is based on an estimate of taxes and there may be an adjustment in October to pay the remaining balance owing.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

FOR OFFICE USE ONLY Prior year tax levy: \_\_\_\_\_ Months Remaining: \_\_\_\_\_

Customer ID: \_\_\_\_\_ Initials for Setup Done: \_\_\_\_\_