



Monthly:

Instalment:

Start Date: _____

Amt: \$ _____

PRE-AUTHORIZED TAX PAYMENT PLAN AUTHORIZATION FORM

Name: _____ Roll Number: _____

Address: _____

Postal Code: _____

I/We hereby authorize my/our financial institution

Name of Financial Institution

Branch Address

City

Province

Postal Code

Chequing Account Number

To debit my/our account indicated above for all estimated property taxes payable for Municipal, Regional and Educational purposes to the Township of Scugog.

Please Note:

1. For verification purposes please enclose one of your personal cheques signed and marked "Void".
2. For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.
3. Withdrawals are made on the Township's last working day of each month.
4. The tax office must be notified by the 21st day of the month in which payment is to stop.
5. To be eligible, this form must be received by the The Township of Scugog Tax Office no later than the 21st of the month in which you are applying, and all taxes must be paid to date at the time.

Date

Phone Number

Signature

Signature
(If cheque requires 2)