The Corporation of the Township of
Guelph/Eramosa

PRE-AUTHORIZED PAYMENT PLAN
AUTHORIZATION FORM

Assessment Roll #: _____

Property Location: _____

Owner Names(s): (1) _____

(2) _____

Telephone #: Res. (_____)_____Bus 1) (____)_____

Bus 2) (____)_____

I/We hereby authorize the Financial Institution shown on the attached cheque to debit my/our account each month as indicated above for all payments payable to the Corporation of the Township of Guelph/Eramosa to begin deductions for payment of my/our tax account for the amount specified. I/We ensure that the funds will be available each month to cover withdrawal and that insufficient funds will result in finance and penalty charges as applicable and possibly cancellation of my/our account.

This treatment of each payment shall be the same if I/we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account.

This authority is to remain in effect until cancelled by either myself or the Township of Guelph/Eramosa by written notification and given a reasonable opportunity to act. Any delivery of this authorization to you constitutes delivery by me/us.

_____ _____
Authorized Signature (1) Date

_____ _____
Authorized Signature (2) Date

**If more than one signature is required for withdrawals against the account number shown on the attached cheque, all authorized signatures must be given.

ATTACH VOIDED CHEQUE HERE

Mail to: Township of Guelph/Eramosa
P.O. Box 700
Rockwood, ON N0B 2K0