

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) (\_\_\_\_) \_\_\_\_\_

I/We hereby authorize the Financial Institution shown on the attached cheque to debit my/our account as indicated above for all payments payable to the Corporation of the Township of Guelph/Eramosa 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.

(Choose only one of the following options by initialing in the space provided)

**Type of Plan**

**MONTHLY** \_\_\_\_\_

**INSTALMENT DATE** \_\_\_\_\_

**Notice of Collection:**

**The collection of this information is being done under the authority of the *Municipal Act, 2001, S.O. 2001 c.25 Pursuant to Sections 317(1) and 317(3). Should you have any questions about the collection or retention of this information, please contact Township Clerk at 856-9596 ext. 107.***

\_\_\_\_\_  
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

