



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Check here if you would like the Outstanding Balance withdrawn prior to the end of each billing period on the last scheduled payment prior to the Tax Bill Due Date.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

