



**PREAUTHORIZED
PAYMENT PLAN FORM- TAXES**

Tax Roll #: 23-41-000-	
Name on Account:	
Mailing Address:	
Telephone Number (Home):	Cell:
Service Address:	
Home Owner (print):	
Home Owner (Signature):	Date:

Name of Financial Institution:		
Address of Financial Institution:		
Transit Number: (5 Digits)	Bank Number: (3 Digits)	Account Number:
Type of Account:		

Installment Option: consisting of four withdrawals per year on installment due dates.

Monthly Payment Option: Amount to be withdrawn monthly \$_____

Preauthorized Payment Terms and Conditions

1. It is understood that with reasonable notice, myself or the Town of Minto may cancel this authorization.
2. For joint accounts, all parties must sign when more than one signature is required on a cheque issued against the account.
3. At least one name on the cheque must be the same as the name on your bill. This helps the Town of Minto ensure that the authorization is valid
4. Please include a VOID cheque or banking pre-authorized payment form with your application form