



Corporation of the Township of Howick

Pre-authorized Payment Plan Authorization Form

- I/we the undersigned hereby authorize the Township of Howick and the financial institution designated below to begin deductions for my/our preauthorized payment for property taxes.
- It is acknowledged that in order to revoke/cancel this agreement the Customer must provide written notice to the Township of Howick 10 days prior to the payment date.
- The Township of Howick may also revoke/cancel this agreement upon written notice to the Customer or after 2 missed payments.
- This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Township of Howick are ended.
- The Customer will notify the Township of Howick promptly in writing if there is any change in the information below.
- Returned payments are subject to the "returned cheque fee" as per Fees and Charges By-law.

Please attach a sample cheque marked "Void"

Assessment Roll Number: 4046- _____ - _____ - _____ -0000

Name on Tax Bill: _____

Mailing Address: _____

Telephone Number Home: _____ Work: _____

Financial Institution Information

Name of Financial Institution: _____

Address of Financial Institution: _____

Transit# : _____ Bank # : _____ Account # : _____

Type of Plan: Savings Chequing

Select your option: Monthly (15th) or Installment Due Date

Authorized Signatures: _____ *

Date: _____

*For Joint Accounts, all parties must sign this authorization form.