



THE CORPORATION OF THE TOWNSHIP OF SOUTH-WEST OXFORD

PRE-AUTHORIZED PAYMENT PLAN (PAP) FOR PROPERTY TAXES

APPLICATION FORM

Full Name(s): _____ Residence Phone No.: () _____

_____ Business Phone No.: () _____

Municipal Address: _____ E-Mail Address: _____

Financial Institution: _____ Bank Account No.: _____

Branch No.: _____ Transit No.: _____

Branch Address: _____

Important: A cheque marked "VOID" must be returned along with the completed application form. The enrolment deadline for each taxation year is November 15th OF THE PRECEDING YEAR. Taxes must be PAID IN FULL and NO NSF CHEQUE records to be eligible for enrolment.

I/We hereby authorize the financial institution identified above to debit my/our account each applicable month as indicated below for all property tax payments payable to The Corporation of the Township of South-West Oxford.

Payment Plan Option: (please check one ONLY)

A) 10 - Monthly (Jan.-Oct.)

B) 4 Instalments (on due dates)

I / We accept the terms and conditions herein defined and authorize The Corporation of The Township of South-West Oxford to begin deductions for payment of my/our tax account for the amount and plan as specified.

I / We ensure that the funds will be available as specified to cover the withdrawal and that insufficient funds will result in finance charges as applicable, and possibly cancellation of my / our enrolment in the payment plan.

Authorized Signature (1) _____ Date _____ Authorized Signature (2) _____ Date _____

- If more than one signature is required for withdrawals against the account number specified, all authorized signatures must be given. Use back of this application form for additional signatures.
• This agreement may be deemed null and void upon any payment returned by the banking system.
• This authorization may be cancelled at any time upon written notice by me / us to The Corporation of The Township of South-West Oxford. If not cancelled, it will remain in effect for future years.
• I / We understand that if I / We cancel this authorization, it does not mean that my/our obligations to The Corporation of The Township of South-West Oxford are ended.

FOR OFFICE USE ONLY

312915 Dereham Line
Mount Elgin, ON N0J 1N0
Tel: 519-485-0477 or 519-877-2702
Fax: 519-485-2932

Effective Date for Commencement of PAP: _____ Roll No: 32 11 _____

Application acceptance approved by: _____ Date: _____