



PRE-AUTHORIZED PAYMENT PLAN (PAP) FOR PROPERTY TAXES APPLICATION FORM

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

_____ Business Phone No.: () _____

Municipal Address: _____

E-Mail Address: _____

Important: A cheque marked "VOID" must be returned along with the completed application form. The enrolment deadline is the first of the previous month; the number of payments may change based on the time of enrolment (please contact the Township for details). Taxes must be PAID IN FULL to be eligible for enrolment.

I/We hereby authorize the financial institution I/we have identified 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:
(Check ONE only)

- 10 - Monthly Plan -15th of the month, January - October
- 4 Instalments -On instalment due dates
- 12 - Monthly -Last business day of the month, Jan - December

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)
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- 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

Effective Date for Commencement of PAP: _____

Roll No: 3211 ____ - ____ - ____ Customer ID: _____

Application approved / denied by: _____ Date: _____