

THE CORPORATION OF THE TOWNSHIP OF NORTH DUNDAS
Preauthorized EQUAL Debit Payment Plan

Preauthorized EQUAL Debit Payment Authorization

1. In this agreement, "I", "me" and "my" refers to each Account Holder who signs this application.
2. I hereby authorize the Township of North Dundas to withdraw from my bank/trust account for payment of my property tax account on the 20th day of each month, February to November.
3. I hereby agree that I may revoke this plan at any time, with 30 days written notice to the Township.
4. I agree that delivery of this Authorization to the Township constitutes delivery by me to my bank/trust company and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
5. I certify that all information provided with respect to the Account is accurate and I agree to inform the Township, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next payment date of any changes. In the event of any such change, this Authorization shall continue in respect of any new account to be used for this Authorization Program.
6. I hereby agree that, after the final bill is generated, my payment may change to reflect the current year's taxes. The Township shall advise the applicant of the adjusted payment amount.
7. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization.
8. I understand and agree to the foregoing terms and conditions and hereby make application to enroll in the Preauthorized Equal Payment Plan.

(See reverse side for application)

***** Please enclose a sample cheque marked "VOID" *****

(Please Print)

Tax Account _____

Property Owner(s) _____
(Roll Number)

Property Address _____

Telephone (Res) _____
(Bus) _____

I/We hereby authorize the Township of North Dundas to withdraw from my/our bank/trust account, for payment of my/our property tax account, on the 20th day of each month, February to November inclusive, equal payments based on the previous year taxes billed. I further agree that it may be necessary to adjust the equal payment plan after the final bill is processed for the current year at which time the Township will advise me of the adjusted amount. I have reviewed and concur with the terms and conditions on the reverse side of this application.

Name of Financial Institution: _____

Branch Address: _____

Bank Transit # : _____ Bank # _____

Bank Account # : _____

DATE: _____

Signature(s) of Bank Depositor(s) : _____