



THE CORPORATION OF THE TOWNSHIP OF ZORRA
PRE-AUTHORIZED PAYMENT PLAN (PAP) FOR PROPERTY TAXES APPLICATION FORM

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

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 Zorra.

Payment Plan Option: (Check one only)

- A) 12 – Monthly
(Jan. – Dec.)
- B) 10 - Monthly
(Jan.-Oct.)
- C) 4 Instalments
(When due)

I/We accept the terms and conditions herein defined and authorize the Corporation of the Township of Zorra 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 Zorra. 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 Zorra are ended.

FOR OFFICE USE ONLY

Effective Date for Commencement of PAP: _____

Roll No: 32 27 _____ Customer ID: _____

Application acceptance approved by: _____

Date: _____

Please complete form and return to tax department by email khall@zorra.on.ca or by fax 519-485-2520. Please include a voided cheque with your form.