



TOWNSHIP OF ZORRA
Pre-Authorized Payment Plan for Property Taxes

Owner Names: _____

Pre-authorized payment
program to begin:

Address: _____

(month/year)

Telephone No.: Res: _____ Bus: _____

Assessment Roll No.: _____

Email Address: _____

Transit Number (5 digits): _____ Bank Number (3 digits) _____

Bank Account Number: _____ Financial Institution: _____

Please check one (1) of the following:

4 instalments

10 instalments (Jan-Oct)

12 instalments

I/We hereby authorize the above Financial Institution to debit my/our account each month as indicated above for all payments payable to the Corporation of the Township of Zorra.

I/We accept the terms and conditions herein defined and authorize the Township of Zorra to begin deductions for payment of my/our tax account for the amount specified. I/We ensure that the funds will be available each month to cover withdrawal and that insufficient funds will result in finance charges as applicable, and possibly cancellation of my/our enrollment in the payment plan.

This authority is to remain in effect until cancelled by either myself/us or the Township of Zorra **by written notification**. If not cancelled, it will remain in effect for future years.

**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.

ATTACH VOID CHEQUE TO THIS AUTHORIZATION FORM

Mail to: Township of Zorra PO Box 189, Thamesford ON N0M 2M0 or scan to nbowery@zorra.ca Please forward any tax enquires to 519-485-2490 x 7222