



**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 [mdeluca@zorra.ca](mailto:mdeluca@zorra.ca) Please forward any tax enquires to 519-485-2490 x 7222