



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. Note: If for any reason you wish to be removed from this payment plan, or if your banking information changes, you must notify the tax office in writing at least thirty (30) days before the next pre-authorized payment is due.

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 Please forward any tax enquires to 519-485-2490 x 7222