



PRE-AUTHORIZED PAYMENT PLAN (PAP) FOR PROPERTY TAXES APPLICATION FORM

Full Name(s): \_\_\_\_\_ Residence Phone No.: ( ) \_\_\_\_\_

\_\_\_\_\_ Business Phone No.: ( ) \_\_\_\_\_

Municipal Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Important: A cheque marked "VOID" must be returned along with the completed application form. The enrolment deadline for each taxation year is November 15th OF THE PRECEDING YEAR. Taxes must be PAID IN FULL to be eligible for enrolment.

I/We hereby authorize the financial institution I/we have identified to debit my/our account each applicable month as indicated below for all property tax payments payable to The Corporation of the Township of South-West Oxford.

- Payment Plan Option: (Check ONE only)
10 - Monthly Plan -15th of the month, January - October
4 Instalments -On instalment due dates
12 - Monthly -Last day of the month, January - December

I/We accept the terms and conditions herein defined and authorize the Corporation of the Township of South-West Oxford 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)

- 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 South-West Oxford. 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 South-West Oxford are ended.

FOR OFFICE USE ONLY

Effective Date for Commencement of PAP: \_\_\_\_\_

Roll No: 3211 - - - - - Customer ID: \_\_\_\_\_

Application approved / denied by: \_\_\_\_\_ Date: \_\_\_\_\_