THE CORPORATION OF THE TOWN OF INGERSOLL
130 Oxford Street, 2nd Floor Ingersoll On N5C 2V5
(519) 485-0120

Schedule "A"

PRE-AUTHORIZED PAYMENT APPLICATION FORM FOR PAYMENT OF PROPERTY TAXES

Full Name(s):_____ Residence Phone #: ( )_____

_____ Business Phone #: ( )_____

Municipal Address:_____ E-Mail Address: _____

Financial Institution:_____ Bank Account #:_____

Branch No.:_____ Transit No.:_____

Branch 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 identified above to debit my/our account each applicable month as indicated below for all property tax payments payable to The Corporation of the Town of Ingersoll.

Payment Plan Option:
(Check one only)

A) Nine Instalments (Jan.-Sept.) ☐

B) Four Instalments (when due) ☐

I/We accept the terms and conditions herein defined and authorize the Corporation of the Town of Ingersoll to begin deductions for payment of my/our tax account for the amount as 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 enrolment in the payment plan.

_____ _____ _____ _____
Authorized Signature (1) Date Authorized Signature(2) Date

- If more than one signature is required for account, all must provide an authorized signature. Use back of 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 Town of Ingersoll. 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 Town of Ingersoll are ended.

FOR OFFICE USE ONLY
Effective Date for Commencement of PAC:_____ Roll number: _____

Application acceptance approved by:_____Date:_____