



**THE CORPORATION OF THE TOWN OF INGERSOLL**

130 OXFORD STREET, INGERSOLL ON N5C 2V5

519-485-0120 X 2226

**PREAUTHORIZED PROPERTY TAX PAYMENT PLAN ENROLLMENT FORM**

<b>NAME:</b>	<b>PROPERTY ADDRESS:</b>
<b>MAILING ADDRESS:</b>	<b>PHONE NUMBER:</b>
<b>ROLL NUMBER 3218-</b>	
<b>Please indicate payment plan option :</b>	
<b>12 month</b> 12 equal <input type="checkbox"/>	<b>Quarterly</b> Installment due date <input type="checkbox"/>
<b>****TAX ACCOUNT MUST BE PAID IN FULL BEFORE YOU CAN ENROLL IN PAP PAYMENT PLAN**** A VOID CHEQUE MUST BE INCLUDED WITH APPLICATION</b>	

I/We hereby authorize my/our Financial Institution to debit my/our account indicated below for all estimated property taxes payable per attached void check.

<b>NAME OF BANK TRUST COMPANY:</b>		
<b>BANK NUMBER</b>	<b>TRANSIT</b>	<b>ACCOUNT</b>
<b>DATE</b>	<b>SIGNATURE</b>	<b>SIGNATURE</b>

- If more than one signature is required on account please ensure all has signed.
- Payment is withdrawn on the first of each month for 12 month and on date taxes are due for quarterly.
- If you change banking information or sell your property it is your responsibility to notify treasury in writing.
- If two withdrawals from your account fail to be honored your enrollment in the plan will be cancelled.
- ® If pre-authorized payment is returned non-sufficient funds an NSF fee will be applied to your account in accordance with our fee schedule.

**FOR OFFICE USE ONLY:**

**EFFECTIVE DATE OF ENROLLMENT:** \_\_\_\_\_

**MONTHLY INSTALLMENT AMOUNT:** \$ \_\_\_\_\_