



FOR INQUIRIES AND TO MAKE ARRANGEMENTS
PLEASE CONTACT THE TAX DEPARTMENT
WIL TELFORD ext. 232
DEPUTY TREASURER/TAX COLLECTOR

322 MAIN ST S PO BOX 759 EXETER ON N0M 1S6
TELEPHONE: 519-235-0310 FAX: 519-235-3304

PRE-AUTHORIZED PAYMENT PLAN (*Property Tax*) CUSTOMER AUTHORIZATION AGREEMENT

Name: _____

Tax Roll No. 40 10 _____

Property Civic Address: _____

Contact Phone Number: _____

I hereby authorize the Municipality of South Huron by way of Pre-Authorized withdrawal to debit my bank account by the amount of my tax payment as indicated below. This authorization will remain in effect until the Municipality of South Huron has received notification of cancellation from the undersigned, or until the Municipality of South Huron has sent the undersigned notice of termination of the agreement.

Please check () one of the following options (PLAN)

DUE DATE PLAN
(Mar 15, June 15 --- Sept 15, Nov 15)

EFFECTIVE DATE: _____

MONTHLY PLAN
(Last Business Day of Each Month)

EFFECTIVE DATE: _____

AMOUNT: _____

BANK ACCOUNT INFORMATION

Name of Bank, Trust Company or Financial Institution

Branch Address

copy the following from your personal cheque

Branch I.D.
(5 digits)

Bank I.D.
(3 digits)

Bank Account Number

FOR BANK ACCOUNT VERIFICATION PURPOSES, PLEASE ENCLOSE/ATTACH A BLANK PERSONAL CHEQUE MARKED "VOID". For joint accounts, all depositors must sign this form, if more than one signature is required on cheques issued against this account.

DATE: _____

SIGNATURE: _____