



## Pre-Authorized Payment Application Form

Property Roll Number: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I/We hereby authorize the Corporation of The Town of Arnprior to debit my/our account **per attached VOID cheque**, for all estimated taxes applicable to the above noted assessed property. This authorization may be cancelled at any time upon notice by me/us.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account)

I/We agree to (check one)

<input type="checkbox"/> 10 Month Payment Plan Account MUST be UP TO DATE to start <b>Month to start:</b> _____	<input type="checkbox"/> Due Date Payment Plan Account MUST be UP TO DATE to start <input type="checkbox"/> Interim Due Date <input type="checkbox"/> Final Due Date
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