



Pre-Authorized Equal Payment Plan Enrollment Form (Interest Free)

Form A

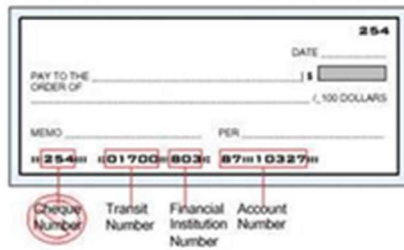
Owner Name: _____
Roll #: 1145-_____ Parcel ID: _____
Property Location: _____

Pre-Authorized Debit (choose ONE option)

- VOID cheque included
- Use banking information on file
- Banking information provided below

Bank Name: _____ Account #: _____

Transit: (5 Digits): _____ Bank # (3 Digits): _____



I, _____, understand that payments will be processed on the 30th of each month (except February, when the payment will be processed on the 28th). All arrears must be paid to enroll. During the Equal Payment Plan period, statements will not be issued. It is the property owner's responsibility to notify the Town in writing, at least 30 days before the next scheduled payment, if cancellation of the pre-authorized plan is required. Additional billings during the year will result in an increase to the Equal Payment Plan amount. **One (1) payment default for any reason will result in automatic disqualification from the Equal Payment Plan and the 2018 Senior Citizen's Property Tax Discount forfeited.** Payments will continue as requested, however, interest will apply and statements issued monthly.

- 12 Months (Jan – Dec)
 11 Months (Feb – Dec)
 5 Months (Feb – Jun)
 Other: _____

Signature

Date

Email address

Telephone #

OFFICE USE ONLY

TAX CLEARANCE	<input type="checkbox"/> LIR Applies	<input type="checkbox"/> Proof of Age	Monthly Payment
INITIALS: _____	<input type="checkbox"/> GIS Applies	Viewed by: _____	\$ _____
		<input type="checkbox"/> Sen Disc Applies	