

TAX OFFICE USE ONLY: (Print This Page)

Roll # _____ Amount _____ Effective _____



TOWN OF
GEORGINA

26557 Civic Centre Road, Keswick, ON L4P 3G1

905-476-4301 905-755-6516 705-437-2210

Fax: 905-476-8100

www.georgina.ca Email: info@georgina.ca

TOWN OF GEORGINA PRE-AUTHORIZED TAX PAYMENT PLAN APPLICATION FORM

Name(s) _____

Address _____

Home Phone _____ Business Phone _____

Email Address _____

Please include email address in order for us to inform you of your monthly payment amount.

I/We hereby authorize the Corporation of the Town of Georgina to debit my/our account,

Held at _____ Branch Location _____

Signature _____

*For the purpose of paying monthly municipal taxes. *Any delivery of this authorization constitutes delivery by me/us.*

*****PLEASE ATTACH A VOID CHEQUE*****

*Terms and Conditions

All payments must clear the bank as presented. Changes in bank account must be supplied at least two (2) weeks before the next scheduled payment date. Cancellation must be in writing at least two (2) weeks before the next scheduled payment date. Failing this, any applicable bank charges, i.e. "stop payment", remain the owner's responsibility. Payments are processed on the first business day of each month.

Revised: March 2012