

# THE CORPORATION OF THE TOWN OF WHITBY

575 Rossland Rd E, Whitby, Ontario L1N 2M8

## MONTHLY PRE-AUTHORIZED TAX PAYMENT PLAN APPLICATION

Roll Number:

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I/WE WANT TO REGISTER FOR THE PRE-AUTHORIZED TAX PAYMENT PLAN

I/We \_\_\_\_\_  
Name(s)

Mailing Address \_\_\_\_\_  
STREET CITY PROVINCE POSTAL CODE

Phone Number(s) \_\_\_\_\_  
Home Work/Business with Contact Name  
Cell Phone (optional) \_\_\_\_\_

I/We hereby authorize the Corporation of the Town of Whitby to debit my/our account:

Held at: \_\_\_\_\_  
NAME OF INSTITUTION BRANCH ADDRESS (ON FRONT OF CHEQUE)

I/we and not a mortgage company am/are responsible for the payment of property taxes.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

START DATE: \_\_\_\_\_

**ATTACH PERSONAL VOID CHEQUE AND OR  
ENCLOSE BANK VERIFICATION WITH BANK STAMP ON THE FORM FOR  
CHEQUING AND OR SAVINGS ACCOUNTS**

**To Cancel Plan** – Should you wish to stop the pre-authorized payments, you must remit written notification to this office by the end of the month prior to the month the cancellation takes effect.

<p><b>PLEASE NOTE:</b> IF YOU ARE PURCHASING <b><u>A NEW HOME</u></b>, PLEASE FILL IN THE INFORMATION BELOW:</p> <p>PURCHASE PRICE \$: _____</p> <p>POSSESSION DATE: _____</p>
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**PLEASE NOTE: YOUR TAX ACCOUNT MUST BE CURRENTLY UP TO  
DATE TO JOIN THIS METHOD OF PAYMENT.**