



TOWNSHIP OF NORWICH
PRE-AUTHORIZED PAYMENT PLAN
FOR PROPERTY TAXES

AUTHORIZATION FORM

Owner Names: _____

Telephone No.: Res: _____ Bus: _____

Assessment Roll No.: _____ Account #: _____

Email Address: _____

Financial Institution: _____ Acct. No.: _____

Branch No.: _____ Transit No.: _____

Branch Address: _____

Please check one (1) of the following:

___ 4 installments

___ 10 installments

I/We hereby authorize the above Financial Institution to debit my/our account each month as indicated above for all payments payable to the Corporation of the Township of Norwich.

I/We accept the terms and conditions herein defined and authorize the Township of Norwich to begin deductions for payment of my/our tax account for the amount specified. I/We ensure that the funds will be available each month to cover withdrawal and that insufficient funds will result in finance charges as applicable, and possibly cancellation of my/our enrollment in the payment plan.

This authority is to remain in effect until cancelled by either myself/us or the Township of Norwich by written notification. If not cancelled, it will remain in effect for future years.

**Authorized Signature (1)

Date

**Authorized Signature (2)

Date

**If more than one signature is required for withdrawals against the account number specified, all authorized signatures must be given.

ATTACH VOIDED CHEQUE HERE

Mail to: Township of Norwich, P.O. Box 100, 210 Main Street, East, OTTERVILLE, Ont. N0J 1R0

For Office Use Only:

Date Processed: _____