



## Pre-Authorized Payment Plan Enrollment Form

Customer Name(s):

Property Address:

Mailing Address:

City: Province: Postal Code:

Telephone #: Cell #:

Email Address:

**Tax Account (Roll #)**

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**Monthly Plan (15<sup>th</sup>) starting the month of:**

- This is a 10 month plan from January to October.

**Installment Plan**

- Payments are withdrawn on the due date of each tax installment

**Arrears Plan (15<sup>th</sup>) starting the month of:**

- Administration will assist to determine the amount to clear up outstanding arrears
- This plan is from January to December

**Supplementary Plan (15<sup>th</sup>) starting the month of:**

- Administration will assist to determine the amount to account for future supplementary bills.
- This plan is from January - December

**Water Account #**

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 Payments are withdrawn according to the amount/date of your bill.

**Payment Information:** Please attach a VOID Cheque or Banking Information to this agreement.  
 Note we are unable to accept line of credit bank accounts for PAP plans.

I/We (the above named customer) authorize the Corporation of the Town of Lakeshore to debit my/our account, for the above noted plan(s). I understand that if a tax payment for the 15<sup>th</sup> falls on a weekend this payment will be withdrawn on the Friday before. This authority is to remain in effect until the Town of Lakeshore has received notification from me or until the notice of termination is provided to me.

Customer Signature: Date:

Where a facsimile number or e-mail is provided within this document, when transmitted electronically to a facsimile or email address, the signature(s) of the party shall then be deemed as an original signature.