Corporation of the Township of Howick

Pre-Authorized Payment Plan
Authorization Form

I/we the undersigned hereby authorize the Township of Howick and the financial institution designated below to begin deductions for my/our preauthorized payment.
It is acknowledged that in order to revoke this Authorization the Customer must provide written notice to the Township of Howick. This Authorization may be cancelled at any time upon written notice by the Customer to the Township of Howick or the Township to the Customer. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Township of Howick are ended.
The Customer will notify the Township of Howick promptly in writing if there is any change in the information below.

Please attach a sample cheque marked 'VOID'.

Assessment Roll Number : 4046-_ _ _-_ _ _-_ _ _-_ _ -0000

Name on Tax Bill: _____

Mailing Address: _____

Telephone Number Home: _____ Work: _____

Financial Institution Information

Name of Financial Institution: _____

Address of Financial Institution: _____

Transit # : _____ Bank #_____ Account # _____

Type of Account: Savings ☐ Current ☐ Chequing ☐

Select your option: Monthly (15th) ☐ or Installment Due Date ☐

Authorized Signatures: _____

Date: _____

*For Joint Accounts, all parties must sign this authorization form.