



PROPERTY TAXES
Pre-Authorized Debit (PAD) Plan

Customer Information (Please print clearly):

Name: _____

Roll Number:

4	3	4	1
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Phone Number: _____

Email Address: _____

Preferred Method of Contact: Email or Phone

Municipal Address: _____

Please choose one of the following Pre-Authorized Debit plans:

10-month plan from January to October:
Monthly debit in the amount of \$_____ withdrawn on the first banking day of each month. The Township of Springwater will send notification of revised amounts on the final tax bill and by letter in December each year.

Due-date Plan:
Full Installment amount withdrawn on the four due dates specified on the property tax bills each year.

12-month plan:
This plan is for properties in arrears or properties anticipating additional assessment.
Monthly debit in the amount of \$_____ withdrawn on the first banking day of each month until agreement is cancelled by the payor or the Township of Springwater. **Contact the Finance Department to arrange a monthly amount.**

Please complete next page

- I/We hereby authorize the Township of Springwater to debit my/our bank account as indicated in the plan selected above. This authority is to remain in effect until the Township of Springwater has received written notification of a change or cancellation. This notification must be received at least five (5) business days before the next withdrawal is scheduled at the address provided below.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please print)

Name (Please print)

Date

Date

Return completed form to:

Mail:	Township of Springwater 2231 Nursery Road Minesing, ON L9X 1A8
Phone:	705-728-4784 Ext. 2055
Fax:	705-728-2759
E-mail:	taxes@springwater.ca

**** A VOID CHEQUE OR A DIRECT WITHDRAWAL FORM FROM YOUR FINANCIAL INSTITUTION MUST BE INCLUDED WITH THIS APPLICATION****