



PRE-AUTHORIZED PAYMENT APPLICATION

I hereby authorize the Township of Ashfield-Colborne-Wawanosh and the financial institution indicated on my VOID cheque/application to begin withdrawals for payment of my tax account(s). This authority is to remain in effect until I notify the Township of its termination.

Name: _____

Address: _____

Phone: _____ Email: _____

Signature:

Starting Date: _____

Payment Type: Installment Date Only

Property Roll Number(s):

Attach VOID cheque/banking information form