



TOWNSHIP OF  
ASHFIELD-COLBORNE-WAWANOSH

82133 Council Line, R.R. #5  
Goderich, Ontario N7A 3Y2

PHONE: 519-524-4669

FAX: 519-524-1951

E-MAIL: [info@acwtownship.ca](mailto:info@acwtownship.ca)

## Pre-Authorized Payment Authorization Form

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.