

OFFICE USE ONLY

ACCOUNT # _____

**Township of Seguin
Pre-Authorized Plan Change of Banking Form**

I (We), the undersigned agree to the terms & conditions as outlined on this form and hereby authorize the financial institution (identified below) to draw monthly payments from the account (identified below), payable to the Township of Seguin for the payment of property taxes.

Name _____

Mailing Address _____

Seguin Civic Address _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Cottage Phone Number _____

Email _____

Roll Number 49-03 _____

Financial Institution _____

Effective Date of Change _____

Signature _____ Date _____

Signature _____ Date _____

(IF APPLICABLE -IF MORE THAN ONE SIGNATURE IS REQUIRED ON THE ACCOUNT, ALL MUST SIGN)

Important: PLEASE ENCLOSE A BLANK CHEQUE MARKED "VOID" with your form.

Once registered, the banking information provided will be used and payments will no longer be withdrawn from the previous account. You will automatically be enrolled in subsequent years, unless you notify the Township of Seguin Treasury Department. 14 days written notice must be provided to cancel or change the plan, including any changes to your banking information.