



SEGUIN TOWNSHIP

5 Humphrey Drive
Seguin, ON, P2A 2W8

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PRE-AUTHORIZED PAYMENT PLAN BANKING CHANGE NOTIFICATION

I (We), the undersigned agree to the terms & conditions as outlined on this form and hereby authorize the financial institution (identified below) to draw installment 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 _____

Effective Date of Change _____

Financial Institution _____

Signature _____ Date _____

Signature _____ Date _____

For joint accounts all depositors must sign if more than one signature is required on cheques issued against this account.

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

****Once registered, 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***

OFFICE USE ONLY

ACCOUNT # _____

START DATE _____