



TOWNSHIP OF NORWICH  
PRE-AUTHORIZED PAYMENT PLAN  
FOR PROPERTY TAXES

**AUTHORIZATION FORM**

Owner Names: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: Res: \_\_\_\_\_ Bus: \_\_\_\_\_

Assessment Roll No.: \_\_\_\_\_ Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Branch No.: \_\_\_\_\_ Transit No.: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Please check one (1) of the following:

\_\_\_ 4 installments

\_\_\_ 10 installments

I/We hereby authorize the above Financial Institution to debit my/our account each month as indicated above for all payments payable to the Corporation of the Township of Norwich.

I/We accept the terms and conditions herein defined and authorize the Township of Norwich to begin deductions for payment of my/our tax account for the amount specified. I/We ensure that the funds will be available each month to cover withdrawal and that insufficient funds will result in finance charges as applicable, and possibly cancellation of my/our enrollment in the payment plan.

This authority is to remain in effect until cancelled by either myself/us or the Township of Norwich by written notification. If not cancelled, it will remain in effect for future years.

\_\_\_\_\_  
\*\*Authorized Signature (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\*Authorized Signature (2)

\_\_\_\_\_  
Date

\*\*If more than one signature is required for withdrawals against the account number specified, all authorized signatures must be given.

**ATTACH VOIDED CHEQUE HERE**

Mail to: Township of Norwich, 285767 Airport Road, Norwich, ON., N0J 1P0

For Office Use Only:

Date Processed: \_\_\_\_\_