## ROLL #

## City of Sarnia Pre-Authorized Tax Payment Plan Application Form

Property Owner Information										
Name	e(s):									
Mailing Addr	ess:									
								T		
Telephon	e #:	Home:					Bus:			
Email Addr	ess:									
Property Addr	ess:									
Property Ro	II #:									
FOR VERIFICATION PURPOSES, PLEASE INCLUDE ONE VOID CHEQUE OR PRE-AUTHORIZED DEBIT FORM PER APPLICATION										
Please select one (1) payment plan option										
□ MONTHLY	Pica	se selet	JE <u>OHE</u>	<u> </u>		DUE D		ption		
(the last business day of each month)					(end of February, April, June, and August)					
						_				
Authorization										
I/We hereby authorize the City of Sarnia to withdraw pre-authorized payments, as indicated above, from my/our bank account, for payment of property taxes										
Signature(s):							Date:			
					Date:					
*If more than	one si	gnature is	requir	ed for	you	r bank a	ccount,	all parties	must sign*	
Office Use Only										
Date Processed:		Starting Da			te:			Amount:		
		AD.	JUSTM	IENTS	то	ACCOU	NT			
DATE	DATE AMOUNT		Γ	COMMENTS						