



TOWNSHIP OF WEST LINCOLN
 PRE-AUTHORIZED
 TAX PAYMENT
 AUTHORIZATION FORM



Please complete this authorization form and return it to:
 Township of West Lincoln, 318 Canborough St.
 P.O. Box 400, Smithville, Ontario L0R 2A0

INSTALLMENT PLAN
 I would like the convenience of
 automatic debit on the
 instalment dates

MONTHLY PLAN
 I would like the convenience
 of automatic debit on the first
 Monday of each month, October
 to September

Name _____
 Mailing address _____
 City _____ Province _____ Postal Code _____
 Phone No. _____

I/We hereby authorize The Corporation of the Township of West Lincoln to
 debit my/our account number _____

For the purpose of paying municipal property taxes at _____
 (property location)

Signature _____

 Date _____

- Notes: (1) For joint accounts, all depositors must sign if more than one signature is required.
 (2) Separate forms must be completed for each property
 (3) Information on this form is collected under the authority of the Municipal Act, and is used
 to maintain a record of individuals participating in the Pre-Authorized Tax Payment
 Plan in the Township of West Lincoln

Direct inquiries to the Treasury Department at 905-957-3346

Personal information collected will be used for the purposes indicated only, in accordance with the Municipal
 Freedom of Information & Privacy Act. Questions regarding the collection of personal information may be directed

FOR OFFICE USE ONLY

TRANSIT _____ ROLL# _____
 ACCOUNT _____

PLEASE ATTACH A CHEQUE MARKED "VOID"