

Township of Havelock-Belmont-Methuen Pre-authorized Debit Plan Agreement



Regular program: Start date: _____

Arrears program: Amount \$: _____

Authorized Signature of Treasurer: _____

If enrolled in the arrears program do you wish to convert to the regular program once your tax account is current?

Yes: No:

Roll Number: 15 31- _____

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

Name of Financial Institution: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Account Number: _____

(Please enclose a personal cheque and mark 'VOID' across it)

I/we authorize my/our financial institution and the Township of Havelock-Belmont to begin deductions as per my/our instructions for monthly recurring payments, for all charges arising under my/our property tax account on the 10th of each month excluding December. This authority is to remain in effect until the Township has received written notification from me/us of its change or termination at least ten business days before the next debit is scheduled. By placing a signature on this agreement I/we acknowledge that I/we have read, understand, and agree to all of the terms of the pre-authorized debit plan.

Signature of Account Holder: _____ Date: _____

Signature of Joint Account Holder: _____ Date: _____

Send completed form by mail, fax or email to: Township of Havelock-Belmont-Methuen
PO Box 10, 1 Ottawa St. E., Havelock, ON K0L 1Z0 Fax: 705-778-5248
Email: aatkinson@hbmtwp.ca Telephone: 705-778-2308 toll free 1-877-767-2795