

**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 10<sup>th</sup> 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: kspooner@hbmtwp.ca Telephone: 705-778-2308 toll free 1-877-767-2795