

PREAUTHORIZED PAYMENT OPTIONS FOR WATER UPGRADES

Option 1: 5 yr monthly

The monthly plan for water upgrades begins in September of each year, with payments based on the previous schedules minus what has already been paid. The monthly payment amount will be deducted from your financial institution on the last business day of the month.

Option 2: 5 yr annual

The annual plan for water upgrades will be in October each year, with payments based on the previous schedules. The annual payment amount will be deducted from your financial institution on the last business day of the month.

Option 3: 3 yr monthly

The monthly plan for water upgrades will begin in September each year, with payments based on the previous schedules minus what has already been paid. The monthly payment amount will be deducted from your financial institution on the last business day of the month.

Option 4: 3 yr annual

The annual plan for water upgrades will be in October each year, with payments based on the previous schedules. The annual payment amount will be deducted from your financial institution on the last business day of the month.

Please use the application form below if you wish to participate and return it along with a void cheque to:

Township of Galway Cavendish and Harvey
701 County Road 36
P.O. Box 820
Bobcaygeon, ON
K0M 1A0

All changes to your preauthorized payment information (i.e.: Bank account changes, property ownership changes) must be received PRIOR to the 15th of the month in order to facilitate for the next payment processed.

Property Tax Roll Number: 1542 _____

Please check one:

- _____ I/We wish to apply for the 5 yr **monthly** preauthorized payment option.
- _____ I/We wish to apply for the 5 yr **annual** preauthorized payment option.
- _____ I/We wish to apply for the 3 yr **monthly** preauthorized payment option.
- _____ I/We wish to apply for the 3 yr **annual** preauthorized payment option.

Name(s) _____

Address _____

Postal Code _____ Telephone No. _____ (home) _____ (bus.)

I/We authorize the Township of Galway Cavendish and Harvey to debit my/our account, per attached void cheque, on the last business day of each month, or annually on the last business day. I/We understand that this program will be continued for subsequent years or until **paid in full** unless we notify you **in writing** to cancel the program.

Address of property where payments are to be applied: _____

Signature(s) _____

(if 2 signatures are required on the Account, both parties must sign the form)
Please, do not forget to attach a void cheque!

FOR OFFICE USE ONLY:		
Received: _____	Entered: _____	Notified: _____