



**PROPERTY TAXES**  
**PRE-AUTHORIZED PAYMENT AUTHORIZATION**

I/we authorize the Town of Goderich and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for payment of charges arising under my/our Town of Goderich property tax account.

This authority is to remain in effect until the Town of Goderich has received written notification from me/us of its change or termination. This notification must be received at least 10 (ten) business days before the next debit is scheduled at the address provided below.

If two withdrawals from your account fail to be honored by your financial institution the Tax Department. may cancel the agreement. You will be assessed the Town's normal NSF administration fee. If you withdraw from the Plan or your Plan is cancelled, all unpaid taxes become due and payable, and are subject to the standard penalties.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement. To obtain more information on your recourse rights contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

**PAYMENT PLAN TYPE**

Check Selection:        \_\_\_    Monthly (15th day of each month – January to November)  
                                     \_\_\_    Due Date (4 times yearly as noted on tax notice)

**PERSONAL INFORMATION: (Please Print)**

Name (s): \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Tax Roll Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_  
(For joint accounts where more than one signature is required on cheques, all account holders must sign.)

**BANKING INFORMATION:**

Name of Financial Institution: \_\_\_\_\_  
Transit Number (5 digits): \_\_\_\_\_ Institution Number (3 digits): \_\_\_\_\_  
Account Number: \_\_\_\_\_

Complete this form, attach a void cheque and mail it to:

Town of Goderich  
57 West St.  
Goderich, ON N7A 2K5

or email to [lorirounds@goderich.ca](mailto:lorirounds@goderich.ca)

For further information call 519-524-8344 ext 213