



## PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM

NEW

MODIFY

**REGISTERED OWNERS:** \_\_\_\_\_ Folio: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

We hereby authorize \_\_\_\_\_ Amount \$: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION

To debit my/our account on or after the 1<sup>st</sup> day of each month for the months August to May inclusive each year. All payments are to be made to the Town of Sidney. *My / our void cheque (or stamped confirmation from financial institution) is attached.*

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_

- For a joint account all depositors must sign if more than one signature is required on cheques issued against the account for verification purposes. **Please attach a void cheque.**
- The designated monthly withdrawal amount above will not change unless a pre-authorized payment modification form is completed.
- I understand that it is my responsibility to cancel this plan if I sell my property. Initial: \_\_\_\_\_