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**Pre-authorized Payment (PAP) Application
 Asphodel-Norwood Taxes**

Customer Name(s)	
Address	
Telephone Number	Email Address for E-Billing
Start Date	Roll Number (Office Use Only)

I/We hereby authorize the Township of Asphodel-Norwood to process an electronic debit from my/our account. The Treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing payment and to debit this amount to my/our account.

New charges, such as supplementary and omitted assessments (for improvements or new construction) or outstanding charges added to the tax roll (throughout the year) are not included in the plan. They must be paid for as they come due.

I/We have attached a personal void cheque (any account that requires two signatures must have the same on this application form) and have indicated below the plan that I/we wish to participate in.

Monthly installments (12 payments) from January to December withdrawn on either the 15th or month end (if either date falls on the weekend or a holiday, it will be applied on the next business day).

Due date for each installment of the interim and final tax bills.

I/We acknowledge that cancellation of this plan must be given in writing by myself/ourselves or agent acting on my/our behalf, 10 business days prior to the next deduction.

Authorized Signature(s)	Date

Office Use Only

Monthly Start Total	Employee Signature	Date Applied