



**The Corporation of the Township of Huron-Kinloss**

P.O. Box 130  
21 Queen St.  
Ripley, Ontario  
N0G2R0

Phone: (519) 395-3735  
Fax: (519) 395-4107  
E-mail: info@huronkinloss.com

**PREAUTHORIZED PAYMENT PLAN**

**APPLICATION**

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I hereby authorize the Township of Huron Kinloss to debit my account for payment of property taxes to the Township of Huron Kinloss. The treatment of each payment shall be the same as if I had personally issued a cheque authorizing payment and to debit this amount to my account. The debit will occur on each due date of every tax year for quarterly plans and on the first business day of the each month for monthly plans.

Attached is a personal void cheque, any account that requires two signatures must have the same on this application form. **CANCELLATION** of this plan must be given in **WRITING** by myself or agent acting on my behalf.

**MONTHLY** \_\_\_\_\_ **QUARTERLY** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please note: Supplemental tax bills are processed in your existing PAP on the due dates as issued on bills.**

**Monthly plans may have to be re-adjusted as required.**