



The Municipality of the
VILLAGE OF BURK'S FALLS

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0
P 705-382-3138 • F 705-382-2273 • www.burksfalls.net

TAX PRE-AUTHORIZED PAYMENT APPLICATION

PROPERTY TAX ROLL ACCOUNT # _____

This agreement is for (check one): Business Personal

Property Owner Name(s): _____

Property Address: _____

City: _____ Province: _____ Postal Code: _____

Mailing Address (if different): _____

Home Phone: _____ Business Phone: _____

Email Address: _____

I/We authorize the Corporation of the Village of Burk's Falls to debit my/our account per attached VOID cheque, for all estimated taxes applicable to the above noted accessed property. This authorization may be cancelled at any time upon notice by me/us.

Signature: _____ Date: _____

Signature: _____ Date: _____

(For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account)

ONLY COMPLETE THE FOLLOWING INFORMATION IF YOU HAVE NOT ATTACHED A VOID CHEQUE:

Bank Account # _____ Branch Transit # (5 digits) _____ Institution # (3 digits) _____

<input type="checkbox"/> Tax Payment Plan Account MUST be Up to Date Specify the start Month: _____	<input type="checkbox"/> Due Date Payment Plan Account MUST be Up to Date to start for due date. 1 st Installment: March 29, 2019 Final Installment: Sept. 30, 2019	<input type="checkbox"/> Tax Payer Defined Payment Plan Amount to be Withdrawn \$ _____ Withdrawal is the first of every month. Specify Start Month: _____
--	--	---

Personal Information on this form is collected under the authority of the Municipal Act, 2001 and is used to maintain a record of individuals participating in the Pre-Authorized Tax Payment Plan.