

The Corporation of the District of Summerland
 13211 Henry Ave
 Summerland, BC V0H 1Z0
 Telephone (250)494-6451



Pre-Authorized Payment Plan Application Form

Utility Pre-authorized Payment Tax Equal Payment Plan Utility Equal Payment Plan

Taxpayer/Customer Information

| | | |
|---------------------|------|-------------|
| Roll/Account Number | Name | Start Date |
| Street Address | | Roll Number |

| |
|--------------------|
| Installment Amount |
|--------------------|

Payee

The Corporation of the District of Summerland
 P.O. Box 159, 13211 Henry Ave
 Summerland, BC V0H 1Z0

Bank Information

| | | | |
|-------------------------------|-------------|----------------|--|
| Name of Financial Institution | | Address | |
| Bank Code | Branch Code | Account Number | |

I (we) hereby authorize The Corporation of the District of Summerland to draw on my (our) account with my financial Institution, for the payment of monthly charges.

 Signature of Account Holder

 Date

 Signature of Account Holder

 Date

For joint account all depositors must sign if more than one signature is required on cheques issued against the account. Please enclose one of your cheques marked **VOID**

| Office Use Only | | |
|---|--|----------------|
| Name of Financial Institution | | Address |
| <p>_____</p> <p>Bank Branch Account Number</p> | | |