



13211 Henry Avenue Box 159, Summerland,  
 BC V0H 1Z0  
 Phone: 250 494-6451 Fax: 250 494-1415  
 www.summerland.ca

### 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
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#### 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**

