

## **Pre-Authorized Payment Plan**

		Roll #1970 000	0000
	Pre-Authorized F	Payment Amount \$ Payment Agreement	
•	ng information from y	the Town of Georgina with either a void c your financial institution. You can return t erson.	
Start Date		_ Mun. Address	
Day Phone #		Cell Phone #	
Email Address			
Name (Print)		_ 2 <sup>nd</sup> Name (Print)	
Signature		2 <sup>nd</sup> Signature	
taxes. Payments are properties of the transfer	rocessed on the first or n of Georgina has rece led at least 2 weeks be ayment fees are the ow		uthority stays ellation. Any oplicable bank
		ue or a form from your financial ins	titution*
		Bank Account#	
(5 digits)	(3 digits)		
Please indicate with	drawal date (one o	nly):	
PLAN 1 – 1 <sup>st</sup> Day of t PLAN 2 – 15 <sup>th</sup> Day of PLAN 3- INSTALLME	the Month		