**TO QUALIFY ALL ACCOUNTS MUST BE PAID IN FULL**

I/We hereby authorize the Town of New Tecumseth to withdraw payments from my bank account to pay my account(s) in the following manner (indicate option(s) desired).

☐ Water/Sewer Bill Payment Plan Water/Sewer Account Number_____

☐ Option 1 - Property Tax Bill - Equal Monthly Payment Plan Roll Number _____

☐ Option 2 - Property Tax Bill - Regular Due Date Payment Plan Roll Number _____

Name (Print): _____

Address: _____

Telephone Number: Residence _____ Business _____

Bank Name: _____

Bank Address: _____

Bank Transit Number _____ Bank Number _____ Bank Account Number _____

*Authorized
Signature(s)_____ Date _____

*Please provide additional signatures, if more than one signature is required on cheques issued against the account.

Attach a "VOID" cheque and return to: Town of New Tecumseth
10 Wellington Street East
PO Box 910
Alliston, Ontario
L9R 1A1