Terms and Conditions of Preauthorized Payment Withdrawal

1) In this agreement, "I", "me" and "my" refers to each Account Holder who signs this application.

2) I hereby authorize the Township of Edwardsburgh/Cardinal to withdraw from my bank/trust account for payment of my property tax account on the last business day of each month.

3) I hereby agree that I may revoke this plan at any time, with 30 days written notice to the Township.

4) I agree that delivery of this Authorization to the Township constitutes delivery by me to my bank/trust company and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.

5) I certify that all information provided with respect to the Account is accurate and I agree to inform the Township, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of any changes. In the event of any such change, this Authorization shall continue in respect of any new account to be used for this Authorization Program.

6) I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization.

7) I understand and agree to the foregoing terms and conditions and hereby make application to enroll in the Preauthorized Payment Plan.

Preauthorized Payment Authorization

*** Be sure to enclose a sample cheque marked "VOID" with this form***

Tax Account #: _____

Property Owner(s): _____

_____

Property Address: _____

_____

Telephone # (Home): (____) _____-_____ Telephone # (Bus.): (____) _____-_____

Name of Financial Institution: _____

_____

Branch Address: _____

_____

Transit #: _____   Bank #: _____

Bank Account #: _____

I/We hereby authorize the Township of Edwardsburgh Cardinal to withdraw from my/our bank trust account, for payment of my/our property tax account monthly, on the last business day of each month, as per the terms and conditions provided with this application.

Signature(s) of Bank Depositor(s):

_____ Date: _____

_____ Date: _____