



# Tay Valley Township

## PRE-AUTHORIZED PAYMENT PLAN (PAP) AGREEMENT

Roll Number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Branch Number: \_\_\_\_\_ Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

**A void cheque is required.**

**\* Please notify us of any banking or payment changes a week in advance of payment date.**

Any payments returned by the bank will be subject to an **NSF fee** of \$35.00.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization

\_\_\_\_\_  
Date Received

If you have any questions, please call 613-267-5353, OR (613) area code 1-800-810-0161, ext 125