



Township of Lucan Biddulph

270 Main Street
P.O. Box 190,
Lucan, Ontario N0M 2J0
Phone (519) 227-4491; Fax (519) 227-4998;
E-mail (finance@lucanbiddulph.on.ca)

Pre-Authorized Payment Agreement

This plan will remove the amount of your tax installments and/or water billings on the day they are due.

Tax Account

Roll Number: 3 9 5 8- ____|____|____ - ____|____|____ - ____|____|____|____|____

Civic Address: _____

Customer Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: (____) ____ - _____ Cell #: (____) ____ - _____

Email: _____

Water/Sewer Account

Account Number: 0 0 0 0 ____|____|____|____|____

Civic Address: _____

Customer Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: (____) ____ - _____ Cell #: (____) ____ - _____

Email: _____

Payment Information: **Attach a VOID Cheque**

Name of Canadian Financial Institution: _____

__|__|__ __|__|__|__ __|__|__|__|__|__|__|__|__|__|__
Bank# Transit# Account#

I/We (the above named customer) authorize the Township of Lucan Biddulph to debit my/our account, on the due date four times per year. I/We understand that supplementary billings and all other charges, will be my/our responsibility, as they are not covered by this plan. I /We will notify the Municipality 10 days in advance of a payment date if I/We wish to start, end, move my/our bank account or make other changes to the account. Each payment shall be the same as if I/We had personally issued a cheque authorizing the bank as indicated and to debit the amount specified from my/our account.

Customer Signature: _____

Date: _____