

# INSTALLMENT : Pre-authorized Tax Payment Plan

Office of the City Treasurer  
 P. O. Box 520, City Hall  
 St. Thomas, On. N5P 3V7



Email [propertytax@stthomas.ca](mailto:propertytax@stthomas.ca)  
 Telephone (519) 631-1680 ext 4400  
 Fax (519) 633-9019

**NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**Note:** There are four withdrawals on the **last business day** of February, April, July and October (regular installment due dates) and there are **no service fees** for this plan. **This plan does not cover supplementary billings. All arrears must be paid in full prior to implementation.**

We hereby authorize my/our financial institution to debit my/our account indicated below (or attached) for all property taxes payable for Municipal and Educational purposes.

XXXX XXXX <b>---VOID---</b> See attached VOID cheque.
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ACCOUNT CHANGE ONLY (check box)

This authorization may be cancelled at any time upon written notice by the undersigned.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**\*Please fill out and return the attached Email Consent Form if providing your email address for future communications regarding property taxes\***

<b>FOR OFFICE USE ONLY</b>													
	First Withdrawal :												
	Commencing :												
	Account Number :												
Roll Number:				-				-					