

## MONTHLY : 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:** The withdrawal comes out the **last business day** of each month 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.

ACCOUNT CHANGE ONLY (check box)

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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\***

### FOR OFFICE USE ONLY

First Withdrawal :	
Commencing :	
Account Number :	

Roll Number:

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