

The Corporation of the District of Summerland  
 13211 Henry Ave  
 Summerland, BC V0H 1Z0  
 Telephone (250)494-6451



**Pre-Authorized Payment Plan Application Form**

Utility Pre-authorized Payment

Tax Equal Payment Plan

Utility Equal Payment Plan

**Taxpayer/Customer Information**

Roll/Account Number	Name	Start Date
Street Address		Roll Number

Installment Amount
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**Payee**

The Corporation of the District of Summerland  
 P.O. Box 159, 13211 Henry Ave  
 Summerland, BC V0H 1Z0

**Bank Information**

Name of Financial Institution		Address	
Bank Code	Branch Code	Account Number	

I (we) hereby authorize The Corporation of the District of Summerland to draw on my (our) account with my financial Institution, for the payment of monthly charges.

\_\_\_\_\_  
 Signature of Account Holder

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Account Holder

\_\_\_\_\_  
 Date

For joint account all depositors must sign if more than one signature is required on cheques issued against the account. Please enclose one of your cheques marked **VOID**

Office Use Only		
<b>Name of Financial Institution</b>		<b>Address</b>
_____ <b>Bank</b> <b>Branch</b> <b>Account Number</b>		