



**Pre-Authorized Payment Plan (PAP) & Automatic Tax Installment Withdrawal  
(ATIW) Banking Change Notification**

Name(s) \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Cottage Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Archipelago Civic Address: \_\_\_\_\_

Assessment Roll Number: 49-05- \_\_\_\_\_ -0000

**(please include additional Archipelago civic addresses and assessment roll numbers on an extra sheet of paper)**

Effective Date of Change: \_\_\_\_\_

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

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

Bank Code: (3 digits) \_\_\_\_\_ Transit Code (5 digits): \_\_\_\_\_

Account Number (7-11 digits): \_\_\_\_\_

**IMPORTANT: A cheque marked "VOID" must be returned along with the completed notification.**

**Once registered, you will automatically be enrolled in subsequent years, unless you notify the Township of The Archipelago. 15 business days written notice must be provided to cancel or change the plan. The 15 business days notice also applies to any changes to your banking information.**

***I/We, the undersigned request agree to the terms & conditions as outlined on this form and hereby authorize the financial institution (identified above) to draw installment payments from this account (identified above), payable to the Township of The Archipelago.***

Authorized Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

**For joint accounts, all depositors must sign if more than one signature is required on cheques issued against this account.**