



If you are interested in participating in one of the Tax Department's Pre-Authorized Payment Plans, please indicate the plan of your choice, attach a "Void" cheque, fill out the requested information, sign and return this form to the Tax department.

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Name

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Address

.....
Phone Number

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Date

.....
Roll Number

.....
Plan (Monthly or Installment)

.....
Signature

.....
Signature

The signing of this form confirms agreement to the terms and conditions of this plan as listed.