



The Township of Warwick

Preauthorized Payment Authorization

Customer Information:

Name: _____

Municipal Address: _____

Telephone: _____

Utility Account #: _____

Tax Roll #: _____

Personal PAD Categories

Utility:

Due Date:

- The amount owing on the utility bill will be withdrawn on the due date.

Tax:

Due Date:

- The amount owing on the tax bill will be withdrawn on the due date.

(Please check the category you would like preauthorized)

I/we authorize Warwick Township to debit the bank account identified on the void cheque as per the plan selected.

Signature: _____ Date: _____

**Please attach a voided cheque and return it to
Warwick Township Office, 6332 Nauvoo Road, Watford ON N0M 2S0 ****