



TOWN OF BAY BULLS

Payment Arrangement Form

Date: _____

Name of Account Holder: _____

Commercial Entity (if applicable): _____

Address: _____

Telephone: _____

Email: _____

Total Amount Owing: \$ _____

Payment Method: Cash/Debit Cheque (postdated cheques are required) Credit Card EMT

Credit Card Number: _____ Expiry: _____

Payment Dates (please specify the day and month for each payment):

Payment Amount (please indicate the amount to be paid on the date(s) specified above):

\$ _____

Account Holder (please print)

Account Holder Signature

Town Representative

To qualify for the Interest Relief Program, accounts must be paid in full by November 30 of the calendar year. Failure to honor the payment schedule will result in interest being applied to the account. Simple interest on arrears will be applied at 2% per month or 24% per annum retroactively.