# PRE-AUTHORIZED PAYMENT PLAN MONTHLY BUDGET PAYMENTS

#### **BENEFIT OF THIS PLAN:**

- Savings on postage and trips to pay your bills.
- No late payment charges or missed payments.
- Easier on your budget by spreading payments out without special interest or service charges.

# WHO MAY ENROLL:

## IF YOU ARE CURRENTLY ON PRE-AUTHORIZED PAYMENTS - DO NOT RE-APPLY

- You must have no arrears on your account.
- Your property must be fully assessed.
- You do not pay your taxes with your mortgage.

#### **HOW THE MONTHLY PLAN WORKS:**

- The **previous year's tax levy** is divided into 10 equal payments. This amount will be deducted directly from your bank account on the <u>FIRST FRIDAY</u> of each month from January to October.
- The remaining balance due for your taxes will be deducted directly from your bank account on the FIRST FRIDAY of November.
- To be enrolled for next year, we require your application and void cheque by October 30th.

## **TERMS AND CONDITIONS:**

- Enrollment in the pre-authorized payment plan is automatically renewed each year and information about the next year's payment amount will be sent you with the receipted tax notice.
- As taxes are calculated based on assessment value, if there is any change in your assessment value from the previous year you will have two options:
  - 1. Make any necessary adjustments to the monthly payment account.
  - 2. Withdraw from the pre-authorized payment plan.
- If, FOR ANY REASON, a payment is returned, you will be subject to a finance charge and applicable penalties. The amount of the returned payment plus finance charge and applicable penalties will be added to your next month's payment. If any **two** payments should be **returned**, your enrollment in the pre-authorized payment (pap) plan will be **terminated**.
- If, FOR ANY REASON, you wish to be removed from this payment plan, or if your banking information changes, YOU MUST notify the Town office IN WRITING at least THIRTY (30) DAYS BEFORE the next pre-authorized payment is due.

#### **How to enroll:**

- Complete and sign the attached authorization form and attach an unsigned blank cheque marked "VOID".
- Submit your form to the town office by **OCTOBER 30TH** to ensure your enrollment in next year's pre-authorized payment plan.

FOR FURTHER INFORMATION,
CONTACT THE TOWN OFFICE AT (519) 855-4407 EXT. 226
5684 TRAFALGAR RD.,
HILLSBURGH, ON NOB 1Z0
FAX: (519) 855-4821



# PRE-AUTHORIZED PAYMENT PLAN AUTHORIZATION FORM

| Assessment roll   | #:                             |   |   |               |            |              |   |      |
|---|--------------------------------|---|---|---------------|------------|--------------|---|------|
| Property location   | 1:                             |   |   |               |            |              | THE REAL PROPERTY OF THE PARTY |      |
| Owner name(s):  | 1.                             |   |   |               |            |              | ORESS IN U.   |      |
|   | 2.                             |   |   |               |            |              |   |      |
| Telephone:  | Res.                           |   |   |               |            |              |   |      |
| •   |                                | <b>(</b>  |   |               |            |              |   |      |
| Email address:  |                                |   |   |               |            |              |   |      |
| I/we hereby authors my/our account e Corporation of the   | each mo                        | onth as indicated   |   |               |            |              | ed cheque to debit<br>ayable to the   |      |
| begin deductions ensure that the fu                       | for pay<br>unds wi<br>will res | yment of my/our<br>II be available e<br>sult in finance a | r tax account f<br>ach month to<br>and penalty ch | for the cover | e a<br>r w | mou<br>ithdr | the Town of Erin to<br>nt specified. I/we<br>awal and that<br>Dicable and possibl   |      |
| This authority is written notification authorization to y | n and g                        | given reasonabl   | e opportunity                                     |               |            |              | f or the Town of Eri<br>delivery of this  | n by |
| Authorized signature (1)                                  |                                |   | Date  | Date          |            |              |   | _    |
| Authorized signature (2)                                  |                                |   | Date  |               |            |              |   | _    |
| **If more than on<br>shown on the att                     |                                |   |   |               |            |              | e account number<br>given.  |      |
|   |                                | PLEASE ATTAC  | CH VOID CHEQU                                     | e Her         | RE         |              |   | 1    |
| Ma  | il to:                         |   | of Erin Tax De<br>rafalgar Rd.                    | •             |            |              |   |      |