

USER DEFINED PRE-AUTHORIZED PAYMENT PLAN
MONTHLY BUDGET PAYMENTS



BENEFIT OF THIS PLAN:

- You determine the amount to be withdrawn per month (with the intent to bring the account to good standing).
- While still subject to monthly penalty/interest charges, monthly past due notice fee is waived.

WHO MAY ENROLL:

- Property owners with taxes in significant arrears.

HOW THE USER DEFINED MONTHLY PLAN WORKS:

- The owner determines the amount to be withdrawn. This amount will be deducted directly from your bank account on the LAST BUSINESS DAY of each month from January to December.

TERMS AND CONDITIONS:

- Enrollment in the pre-authorized payment plan is automatically renewed each year.
- Once the outstanding balance is paid you will have two options:
 1. Transfer to the monthly payment plan. (penalty exempt and past due notice fee exempt)
 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.
- 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. (Contact: taxes@erin.ca)

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.
- The Tax Administrator will review the application and confirm eligibility in writing.

FOR FURTHER INFORMATION
CONTACT THE TAX ADMINISTRATOR AT (519) 855-4407 EXT. 226
5684 TRAFALGAR RD.,
HILLSBURGH, ON N0B 1Z0
FAX: (519) 855-4821
TAXES@ERIN.CA

**USER DEFINED PRE-AUTHORIZED PAYMENT PLAN
AUTHORIZATION FORM**



Assessment roll #: _____

Property location: _____

Owner name(s): 1. _____

2. _____

Telephone: Res. (____) _____ Cell: (____) _____

Email address: _____

User Defined Monthly Withdrawal Amount: \$ _____

I/we hereby authorize the financial institution shown on the attached cheque to debit my/our account each month as indicated above for all payments payable to the Corporation of the Town of Erin.

I/we accept the terms and conditions herein defined and authorize the Town of Erin to begin deductions for payment of my/our tax account for the amount specified. I/we ensure that the funds will be available each month to cover withdrawal and that insufficient funds will result in finance and penalty charges as applicable.

This authority is to remain in effect until cancelled by either myself or the Town of Erin by written notification and given reasonable opportunity to act. Any delivery of this authorization to you constitutes delivery by me/us.

Authorized signature (1)

Date

Authorized signature (2)

Date

****If more than one signature is required for withdrawals against the account number shown on the attached cheque, all authorized signatures must be given.**

PLEASE ATTACH VOID CHEQUE HERE

**Mail to: Town of Erin Tax Administrator
5684 Trafalgar Rd.
Hillsburgh, ON N0B 1Z0**

Or Email: taxes@erin.ca