PRE-AUTHORIZED PAYMENT PLAN



FOR TAXES

How to Enroll:

Complete, sign and submit to the Town the authorization form and an unsigned blank cheque marked "VOID".

Payor Name:				Telephone #:				
Mailing Address:								
City/Province:				Postal Code:				
Property Address:								
Email:								
Attach a Void Cheque o	r Payor	Financ	cial Instituti	ion/Ba	anking Ir	nformatio	n	
Branch #:	Institution #:			Account #:				
Name of Financial Instituti	 on/Bank:							
Branch Address:								
			Ro	II #: 2	23-16			000
Please indicate the start date a	_	one op	tion below:					
Preferred Plan (please choose o	one):		Due Date					-
			•					4
Month to Start PAP			Amount to	be Dec	LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	Monthly		4
/we hereby authorize the finan			wn on the atta	ched ch		nthly \$		
/we hereby authorize the finan above for all payments payable /we accept the terms and cond ax account for the amount spe nsufficient funds will result in fi	to the Corlitions here cified. I/w	rporatior ein defin e ensure	wn on the atta n of the Town o ed and author that the funds	iched ch of Erin. ize the 1 s will be	eque to de own of Erii available e	hthly \$ bit my/our n to begin d ach month	account ea eductions to cover w	ach month as indicated for payment of my/ou ithdrawal and that
/we hereby authorize the finan above for all payments payable /we accept the terms and cond ax account for the amount spensufficient funds will result in finance authority is to remain in efficient opportunity to act.	to the Conlitions here cified. I/w inance and	rporatior ein defin e ensure d penalty ancelled	own on the atta n of the Town of the and author that the funds y charges as ap	iched ch of Erin. ize the T s will be plicable	eque to de Town of Erii available e and possib e Town of I	bit my/our n to begin d ach month bly cancellat	eductions to cover w ion of my/	for payment of my/ou ithdrawal and that our enrollment in the

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

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Due Date - The amount will be deducted directly from your bank account on the installment due date.

Monthly – The **previous year's tax levy, less any credit on account**, is divided into 10 equal payments. This amount will be deducted directly from your bank account on the **FIRST FRIDAY** of each month from January to October. Any remaining balance due for your taxes will be deducted directly from your bank account on the **FIRST FRIDAY** of November.

User Defined – This is a 12 month plan for Property Tax account in arrears, with the goal of moving to a monthly plan once taxes are current. The negotiated amount is deducted directly from your bank account on the last Friday of the month.

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.

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. Contact this office to adjust the monthly withdrawal amount.
- 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 bank will make a second attempt to withdraw in the same month. The bank will notify this office of the date of the second withdrawal attempt. If any two payments should be returned, your enrollment in the pre-authorized payment (pap) plan may 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.

Mail to: Town of Erin Tax Dept.

5684 Trafalgar Rd.

Hillsburgh, ON NOB 1Z0

Or Email to: taxes@erin.ca