Township of Georgian Bluffs

177964 Grey Road 18, R. R. 3, Owen Sound, Ontario N4K 5N5 Phone (519) 376-2729 Fax (519) 372-1620 www.georgianbluffs.on.ca

PROPERTY TAX PRE-AUTHORIZATION PAYMENT PLAN AGREEMENT

PLEASE SELECT A PLAN: EFFECTIVE DATE:_____

☐ **Installment Amount** (Full Amount of Installment withdrawn on due date)

☐ **Fixed Amount**: (Monthly withdrawal) 15th or 30th (circle one) **Amount $**_____

(Unless an amount is specified this amount will be calculated by the Township. Amounts specified that result in less then full payment of all taxes and arrears will be subject to 1.25% penalty/interest per month. The Pre-Authorized Payment Plan runs from November to the following October. In the year of enrollment payments are calculated so that the estimated full taxes are paid by the October payment. In subsequent years payments are recalculated in November based on an estimated 3% increase. Notification will be mailed 10 days prior to any change in amount being withdrawn)

CUSTOMER INFORMATION:

Roll Number: 42-03-__ __ __-__ __ __-__ __ __ __ __ -0000

Municipal Address of Property:_____

_____

Assessed OWNER'S NAME(S):_____

_____

Telephone Number: (__ __ __**)** __ __ __ **-** __ __ __ __

FINANCIAL INSTITUTION INFORMATION:

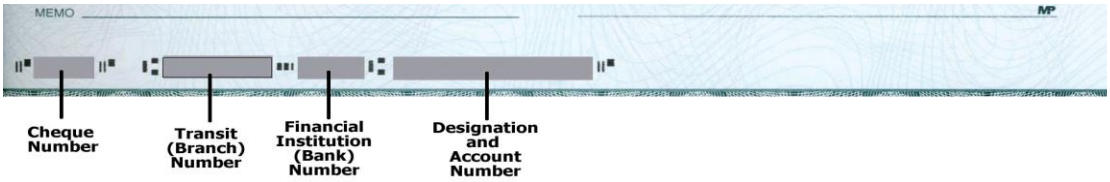
Financial Institution Name: _____

Financial Institution Mailing Address: _____

_____

Financial Institution (FI) to Debited:

PLEASE ATTACH A BLANK CHEQUE MARKED "VOID" TO YOUR COMPLETED AGREEMENT



Transit No. __ __ __ __ __ **FI No.** __ __ __ **Account No.** __ __ __ __ __ __ __ __ __ __

I/We hereby authorize the Township of Georgian Bluffs (herein the "Township") and the financial institution designated (or any other financial institution I/ We may authorize at any time) to begin debiting my bank account in accordance with the payment plan selected for payment of My/Our municipal property taxes. Such authorization will remain in effect until I/We cancel this agreement.

I/We agree to provide the Township with written notice a minimum of 14 days notice prior to any changes or cancellation of this Pre-Authorized Payment Plan (PAP). I/We may obtain a sample cancellation form or more information on My/Our right to cancel this PAP agreement at My/Our financial institution or by visiting the Canadian Payments Association website at www.cdnpay.ca.

In the event that any debit request is not honored by My/Our financial institution for any reason an Administrative charge of $25.00 will be applied against my account. A Returned Item Notice will be sent advising Me/Us of the replacement payment required. If two debits are not honored in any calendar year My/Our agreement will be terminated and My/Our account will return to the regular payment schedule, subject to regular penalty and interest charges.

In the event that a supplemental tax bill or other charges are applied to My/Our account My/Our monthly amounts may need to be adjusted and that notification will be mailed to the address indicated on My/Our Property File ten (10) days prior to this withdrawal.

I/We have certain recourse rights if any debit does not comply with this agreement. For more information on My/Our rights, I/We may visit www.cdnpay.ca or may contact My/Our financial institution.

*****YOUR SIGNATURE(S) CONFIRMS THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OUTLINED ON THIS PAGE**

Signature(s)* _____ Date _____

Signature(s)* _____ Date _____

***The Above Signatures Must Be Authorized To Sign On The Bank Account Provided, if multiple signatures are required to issue a cheque or authorize a debit on the account the same number of signatures is required to process this Pre-Authorized Debit.**