



**PREAUTHORIZED DEBIT AGREEMENT
PROPERTY TAX PAYMENT PLAN
CUSTOMER AGREEMENT & AUTHORIZATION FORM**

Property Roll Number 4 1 0 2 - _ _ _ - _ _ _ - _ _ _ _ - 0 0 0 0

Name: _____

Property Address: _____

Mailing Address: _____
(if different from property address)

E-mail Address: _____

Home Phone #: (_ _ _) _ _ _ - _ _ _ _

Business Phone #: (_ _ _) _ _ _ - _ _ _ _

(please attach a blank cheque marked VOID)

The undersigned taxpayer(s) authorize the Town of South Bruce Peninsula to debit my/our bank account (please see attached void cheque) in payment of property taxes levied against this roll number.

I/we understand that this program will be continued for subsequent years unless otherwise notified in writing by the Town that the program has been cancelled, or until such time as we revoke our participation in this program by providing written notice of 15 days to the Town.

I/we acknowledge that any bank-dishonoured payment due to non-sufficient funds will be subject to an administration fee set out by Town policy for dishonoured items, plus applicable late penalties.

Choose either Plan 1 or 2.

Plan 1: **MONTHLY BUDGET PLAN** withdrawn on the 10th day of each month.
Payments will be reviewed twice a year.

- In January a monthly payment will be calculated based on the prior year's tax billing.
- After Bruce County, Education and Municipal budgets have been approved for the current year, the monthly payment will be recalculated after the June 10th withdrawal based on the current year final tax billing amount.
- You will be notified by mail of changes to your monthly payment amount.
- Plans started throughout the year are prorated.

Plan 2: **DUE DATE PLAN.** A debit in the amount stated on the tax bill may be drawn on the bank account on the instalment due dates as established by municipal by-law.

Start Date for Pre-authorized Payment Plan: _____

It is acknowledged by the undersigned that delivery of this Authorization to the Town of South Bruce Peninsula constitutes delivery by the undersigned to the above noted financial institution. It is warranted by the undersigned that the person whose signature is required to sign on the above roll number has signed this authorization.

Signature of Taxpayer(s): _____

Date: _____

Recourse Statement

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit: www.cdnpay.ca

Duty to Notify

Please notify the Town in writing if your mailing address changes, banking details change or you are selling the property.

When this form is complete, mail, fax or email to:

Finance Department
Town of South Bruce Peninsula
PO Box 310, 315 George Street
Warton, Ontario, N0H 2T0
Fax: (519) 534-4862
E-mail: taxclerk@bmts.com