



# Pre-Authorized Tax Payment Plan Enrollment Form

## 1. Ratepayer Information (please print clearly)

Name: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Property Location : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2. Bank Account Information

Please attach a blank cheque marked "VOID"

## 3. Pre-Authorized Debit (PAD) Details

### Choose one of the following convenient payment plans.

Please indicate your preference for "Monthly Payments" (12 payments per year) or "Installment Payments" (four payments per year) with an "x" in the appropriate box below:

Monthly Pre-Authorized Payment Plan

Payments are debited to your account on or about the last business day of each month. January to June withdrawals will be based on half of previous year's annualized taxes. July to December withdrawals will be based on the current year actual taxes less payments made. Please note that December's withdrawal amount may vary to account for rounding of payment amounts throughout the year.

Installment Pre-Authorized Payment Plan

Payments are debited to your account on or about the last business day of the month the instalments are due (typically the last working day in February, May, August and October).

*Note: Any payments returned for insufficient funds will be subject to a charge of \$40.00 plus any applicable penalty. If a payment is returned twice during the year, enrolment in the Pre-Authorized Payment Plan will be terminated.*

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. It is the responsibility of the payor to disclose and obtain the signature of a joint account holder where two signatures are required.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if required)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

You have certain recourse rights if any debit does not comply with this agreement. Doing so does not affect any ongoing financial obligation to the payor. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit Canadian Payments. Personal information contained in this form is collected and will be used for the processing of tax payments owed to the Township.

### Send completed form to:

Township of Mulmur, 758070 2nd Line East, Mulmur, ON L9V 0G8

Fax: 705-466-2922, or email: [taxes@mulmur.ca](mailto:taxes@mulmur.ca)