

## APPLICATION AND AUTHORIZATION FORM

### Township of Alnwick/Haldimand – Pre-Authorized Payment (PAP) Plan

Tax Roll Number	1	4	5	0	-				-				-	0	0	0	0	0	(Appears on Final Tax Bill)
Property Address																			

Property Owner(s) \_\_\_\_\_

Property Address \_\_\_\_\_

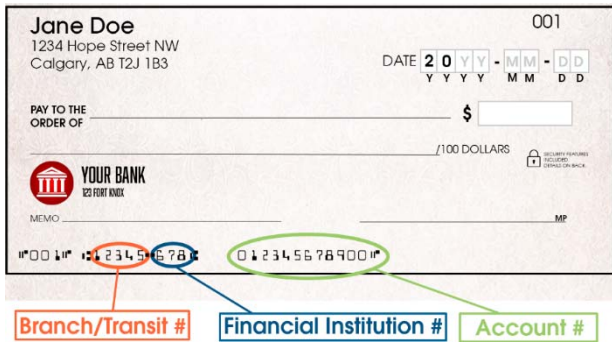
Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number (if applicable) \_\_\_\_\_

Please check the corresponding box to indicate if this application is made on behalf of:  an individual or  a Business

Please attach a blank cheque marked “VOID” or fill out the following information which can be found on your cheque.



Branch/Transit No. \_\_\_\_\_

Financial Institution No. \_\_\_\_\_

Account No. \_\_\_\_\_

Please indicate which payment option you wish to enroll in by checking the corresponding box.

**Option 1: Due Date Method**

Tax installments as per Tax Bill will automatically be debited from your bank account on the tax due dates and credited to your tax account.

**Option 2: Monthly Payment Plan**

Tax payments will be debited automatically from your bank on the 15<sup>th</sup> of each month and credited to your tax account. The monthly amounts will be withdrawn from February to November on the 15<sup>th</sup> day of each month equivalent to 1/10<sup>th</sup> of previous yearly taxes from February to June and the balance of current yearly taxes\*, once known, equally from July to November.

\*Yearly taxes do not include supplementary billings that must be paid separately from the PAP plan. Every year you will be notified of your new payment for the following taxation year.

**To Join:**

1. All taxes must be paid in full.
2. Complete and sign the application/authorization form.
3. Attach your personal bank cheque marked “VOID”.
4. Deliver this form and voided cheque to the Township of Alnwick/Haldimand Office located at 10836 County Road 2. You may mail this form to 10836 County Road 2, P.O. Box 70 Grafton, Ontario, K0K 2G0.

**All applications MUST be received 15 days prior to the first payment date.**

**PLEASE ENROLL ME/US IN THE PRE-AUTHORIZED PAYMENT (PAP) PLAN**

I/we authorize the Township of Alnwick/Haldimand to process a debit to be withdrawn according to the payment option indicated on the previous page.

**Terms and Conditions**

I (we) authorize the Township of Alnwick/Haldimand to debit the account as indicated on the attached "VOID" cheque under the terms and conditions agreed to be me (us) with the Township of Alnwick/Haldimand until such time as notice to the contrary is given via submission of the Pre-Authorized Payment Cancellation Request form. I (we) will check my (our) statement or passbook regularly to confirm that withdrawals are being made in accordance with the authorization. I (we) warrant that all person(s) whose signature(s) are required to sign on this account have signed this agreement.

I (we) acknowledge that delivery of authorization to the Township of Alnwick/Haldimand constitutes delivery by me (us) to the branch of the financial institution of which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are withdrawn in accordance with this authorization.

I (we) acknowledge that this authorization is account specific and non-transferable. I (we) will reapply for the PAP plan on a new property within the Township of Alnwick/Haldimand.

I (we) will notify the Township of Alnwick/Haldimand a minimum of fifteen (15) days prior to the next due date of the pre-authorized debit of any changes in the account information or termination of the authorization. I (we) will submit a PAP Cancellation Request form should I (we) wish to terminate the authorization.

I (we) acknowledge that we will be terminated from the PAP plan after two (2) payments have been returned by my (our) bank OR if no replacement cheque is received after the first returned payment, and that the administrative and interest charges will apply. If any of my (our) PAP plan payments do not clear through my (our) bank account, the Township will charge me (us) an applicable administrative fee and interest charges. If returned payments are not replaced on time, I (we) will also be automatically removed from the PAP plan and returned to the regular installment plan. I (we) may obtain a Cancellation Request form from the Township Office or from the Township of Alnwick/Haldimand website. This Cancellation Request form must be scanned and submitted via email or in person and must have authorization of all person(s) whose signature(s) are required to sign on this account.

I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any PAP that is not authorized or is inconsistent with the PAP agreement. To obtain a form for a Reimbursement Claim or for more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

*Please note: It is your responsibility to notify the Township if you wish to cancel your pre-authorized monthly payments. You must do so by submitting the Pre-Authorized Payment Cancellation Request form.*

Printed Name _____ Date _____  Signature _____
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**FOR OFFICE STAFF**

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

Date Filed \_\_\_\_\_ Initials \_\_\_\_\_