



PRE-AUTHORIZED PAYMENT PLAN APPLICATION
TAXES

Roll Number: 1204: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I/We authorize the City of Quinte West to debit my/our account indicated below for all property taxes payable to the City of Quinte West. The treatment of each payment shall be the same as if I/We had personally issued a Cheque authorizing payment and to debit this amount to my/our account.

New charges, such as supplementary and omitted assessments (for improvements or new construction) or outstanding charges added to the tax roll (throughout the year) are not included in the plan. They must be paid for as they become due. Outstanding balances must be paid in full prior to the pre-authorized payment plan being added.

I/We acknowledge that CANCELLATION of this plan must be given in WRITING by myself or agent acting on my behalf, 15 days prior to the next deduction. \*\*Please initial here: \_\_\_\_\_\*\*. In accordance to the BY-LAW we may cancel the privilege of continuing the plan if two installments fail to be honoured. Any tax account, which has been cancelled from continuing in this plan shall revert to the regular installment billing system and be subject to penalty and interest.

I/We acknowledge that a \$25.00 SERVICE CHARGE will be added to the next regular deduction, for any (all) pre-authorized payment(s) are returned placing the account in default. \*\*Please initial here: \_\_\_\_\_\*\*

I/We have attached a personal void cheque, (any account that requires two signatures must have the same as on this application form) and have indicated below the plan that I wish to participate in.

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 debit that is not authorized or is not consistent with this 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.

Due Date Method Equalized Monthly Payments Starting Month (Debit is on the 15th of each month)

PAP SERVICE TYPE: PERSONAL BUSINESS (Please check one)

NAME OF APPLICANT Last Name First Name

NAME OF CO-APPLICANT Last Name First Name

Complete Property Address

Mailing Address (if different)

Telephone (Residence) (Business)

Signature of Applicant Date

Signature of Co-applicant Date

Personal information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c25 will be used to process your Pre-authorized Payment Plan application. Questions about the collection of this personal information only should be directed to the Manager of Taxation, Financial Support Services, 7 Creswell Drive, PO Box 490, Trenton Ontario K8V 5R6, 613-392-2841.