

Authorization Form Pre-Authorized <u>Tax</u> Payment Plan

accou	nt to pay my taxes in the following manner as indicated below:
	Ten monthly payments from January to October, withdrawn on the last banking day of each month. Amounts are calculated bi-annually and notifications are mailed in June and December.
	Regular tax installments on the tax due dates. Amounts and dates are provided on interim and final tax bills mailed to ratepayer a minimum of 3 weeks prior to due date.
	Twelve monthly payments in the pre-approved amount of \$ to clear my arrears. Payments will be drawn the last banking day of each month and interest/penalties will continue to accrue on the principal balance.
Roll N	lumber:
Name:	
Municipal Address:	
Mailing Address: (if different from above)	
Categ	ory: Personal Business
Banking Information: (void cheque or direct deposit form must be provided)	
Signa	ture: Date:
	Telephone:
E-MAIL:	

I hereby authorize the **Township of Oro-Medonte** to withdraw payments from my bank

- For joint accounts, all depositors must sign if more than one signature is required on cheques issued against this account.
- The ratepayer is responsible to notify the Township of any change to their account information. Failure to do so will result in a \$45.00 administrative fee.
- You may revoke your authorization at any time, subject to providing notice 10 business days prior to your next scheduled payment. To obtain a sample cancellation form, or for further information on the right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.
- Personal information contained on this form is collected under the authority of the Freedom of Information Act, R.S.O. 1990 M.45 as amended and will be used to document pre-authorized payment arrangement. Questions about this collection should be directed to: Office of the Clerk, Township of Oro-Medonte, 148 Line 7 South, Oro-Medonte Ontario L0L 2E0
- Questions, concerns and form submissions can be emailed to finance@oro-medonte.ca