

**Authorization Form
Pre-Authorized Tax Payment Plan**



I hereby authorize the **Township of Oro-Medonte** to withdraw payments from my bank account 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- Ten monthly payments from January to October, withdrawn on the last banking day of each month.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 annually, and notification is mailed in December. * See *PAP information pamphlet for additional information regarding the timing and calculation of amounts debited.*
- 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 4 weeks prior to due date.

Roll Number: _____

Name: _____

Municipal Address: _____

Mailing Address: _____
(if different from above)

Category: Personal Business

Banking Information: (void cheque or direct deposit form must be provided)

Signature: _____ **Date:** _____

_____ **Telephone:** _____

E-MAIL: _____

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- 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 \$30.00 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

Start Date (mm/yyyy) _____