

# **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- Ten monthly payments from January to October, withdrawn on the last banking day of each month.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.
- Twelve monthly payments in the pre-approved amount of \$\_\_\_\_\_ to clear my arrears. This amount has been discussed with, and approved by the Township of Oro-Medonte Tax Collector. Payments will be drawn the last banking day of the each month.

**Roll Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Type of Service:** Personal \_\_\_ Business \_\_\_ **Telephone:** \_\_\_\_\_

**Municipal Address:** \_\_\_\_\_

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

\_\_\_\_\_

### **Banking Information: (VOID cheque must be provided)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

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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 \$20.00 administrative fee.**

You may revoke your authorization at any time, subject to providing notice 5 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](http://www.cdnpay.ca).

You have certain recourse right if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://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)** \_\_\_\_\_