TOWNSHIP OF ALGONQUIN HIGHLANDS



PRE-AUTHORIZED PAYMENT PLAN

INSTALLMENT PLAN ON THE TAX DUE DATES

Beginning in 2010, a pre-authorized payment option for the <u>installment due dates</u> will be available for property taxpayers. If you are interested in signing up for this program, please print, fill out and return the attached agreement form before the deadline. Forms may also be picked up at the Township offices. **Deadline is fifteen (15) days** prior to the due date for the completed form to be received at the Township of Algonquin Highlands` tax office in order for deductions to be made in time for the next tax bill payment.

BENEFITS OF THE PRE-AUTHORIZED PAYMENT PLAN

- Never worry about missing the due dates by having your tax payment withdrawn automatically from your bank account on the due dates each year.
- Save the cost of postage or special trips and line-ups to pay your tax bills.
- > Avoid late payment penalties.
- > Avoid issuing cheques or keeping track of post-dated cheques.

WHO MAY ENROLL?

- > If you do not have an overdue balance in your tax account, you are eligible to enroll.
- > If your taxes are NOT paid with your mortgage, you are eligible to enroll.
- > If you have completed the Authorization Agreement, you are eligible to enroll.

HOW THE INSTALLMENT PLAN ON THE DUE DATES WORKS:

- > Your Tax installments will be deducted directly from your bank account on the tax bill due dates.
- You will receive the annual Interim and Final Tax Bills, which will advise you of the amounts that will be deducted from your bank account on the bill due dates.
- > Please note that Supplementary Tax Bills, which may be issued from time to time, MUST BE PAID SEPARATELY TO THE MUNICIPALITY BY SOME WAY OTHER THAN PRE-AUTHORIZED PAYMENT.

TERMS AND CONDITIONS:

- > Enrollment in the Pre-Authorized Payment Plan (PAP) is automatically renewed each year.
- A SEPARATE AUTHORIZATION AGREEMENT MUST BE COMPLETED FOR EACH ROLL NUMBER.
- If, for any reason, you wish to be removed from the PAP (such as the property has been sold, or you just don't want to be on it any more, etc.) YOU MUST notify the tax office IN WRITING at least fifteen (15) days before the next preauthorized payment is due.
- Notification of any changes to your bank account information must be received IN WRITING by the tax office at least fifteen (15) days before the next scheduled withdrawal.
- > The Municipality reserves the right to cancel this service at any time, providing you are given twenty-one (21) days notice before the next due date.

HOW TO ENROLL:

- > Complete and sign the specified Authorization Agreement and attach an unsigned, blank cheque, marked "VOID".
- > Mail or bring in your Agreement and void cheque to the Tax Department at the address below.
- You may enroll in the Pre-Authorized Payment Plan at any time during the year, provided that we receive the Authorization Agreement at least fifteen (15) days prior to the next due date and a separate form is completed for each roll number.

FOR FURTHER INFORMATION, PLEASE CONTACT THE TAX DEPARTMENT AT:

Township of Algonquin Highlands 1123 North Shore Road ALGONQUIN HIGHLANDS, ON KOM 1J1 Telephone: (705) 489-2379 Fax: (705) 489-3491



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PRE-AUTHORIZED PAYMENT PLAN

AUTHORIZATION AGREEMENT

PLEASE READ THE INFORMATION REGARDING THE PRE-AUTHORIZED PAYMENT PLAN PRIOR TO COMPLETING THIS FORM.

1. Customer Information:

Name:					 	 											 	
Roll Number:	4	6	2	1		-				-						-		
Mailing Address:					 	 												
Telephone Numb	er I	lome	e:		 	 			Busi	ness:							 	
E-mail Address (if	appli	able):		 	 											 	
2. Bank Account	Inforn	natio	n:															
Chequing Accoun	t Num	ber:								_ E	Brand	ch tra	nsit	Num	ber:			
Financial Instituti	on Nu	mber	:			Finar	ncial	Insti	tutior	n Nar	ne:						 	
						Finai	ncial	Insti	tutio	n Bra	nch /	Addre	ess:_				 	

3. Pre-Authorized Tax Payment Plan Details:

I/We hereby authorize my/our financial institution to allow the Township of Algonquin Highlands to debit the bank account identified above for the amount of the tax installment currently due.

I/We agree to ensure that the funds will be available to cover the withdrawal(s) and that insufficient funds may result in possible finance charges, penalties and cancellation for my/our enrolment in the payment plan.

I/We do not have any outstanding tax balance nor do I/we currently pay my/our taxes through my/our mortgage.

I/We understand that written notification to make a change or to cancel this Agreement is required to be received by the Township of Algonquin Highlands Tax Department at least fifteen (15) days prior to the next scheduled withdrawal. Also, that the Township reserves the right to cancel this service at any time, providing twenty-one (21) days written notice is given before the next due date.

I/We have certain recourse rights of any debit that 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 Agreement. (To obtain more information on your recourse rights, contact your financial institution or visit <u>www.cdnpay.ca</u>).

Please Note: For joint accounts, all depositors must sign if more than one signature is required. These services are for (*please check one*) _____personal _____business use.

Signature of Account Holder		Signature of Joint Account Holder (if	applicable)
Name (Please Print)	Date	Name (Please Print)	Date

Please attach a VOID cheque