



THE CORPORATION OF THE MUNICIPALITY OF CALVIN
TAX PRE-AUTHORIZED PAYMENT PLAN APPLICATION

Property Roll No#: 4822-000- _____
(4822-000-xxxxxxxx-0000)

Please return to:

The Municipality of Calvin, 1355 Peddlers Drive, RR#2, Mattawa, ON P0H 1H0
or fax with a copy of VOID cheque to (705) 744-0309 or e-mail to
administration@calvintownship.ca

PROPERTY TAXES PAYMENT OPTIONS	
<input type="checkbox"/> Installment Plan 2 withdrawals per year – March 31 st & August 31 st	
Name:	Civic Address:
Tel: Home e-mail (not mandatory):	Tel: Work
Property Taxes Approved Payment \$	

Kindly contact the Municipal Office at (705) 744-27000 for further information.

**TAX PRE-AUTHORIZED
PAYMENT PLAN**

The following **TERMS and CONDITIONS** apply to the Tax Pre-authorized Payment Plan.

PLAN OPTION:

Installment Plan: for properties that are not in arrears

- Payments in the amount of the tax levy billings are withdrawn directly from your bank account on the due dates indicated on interim and final tax bills.

ENROLLMENT:

- To enroll, complete the attached Pre-Authorized Payment Plan application form.
- Attach a void cheque or a direct deposit form from your bank for the account you wish used for withdrawal purposes.
- Once registered in a plan, you will automatically be enrolled in subsequent years. In the event, you would like to cancel your enrollment, 30 days notice will be required to the Municipal Office.
- The payment plan is not transferable to another property. A new application must be completed for each property.
- Upon entry into the program, you will be emailed a letter confirming the amount of payment and due date.

MISSED/RETURNED PAYMENTS:

- An administration fee will be charged if funds are returned by the bank.
- A returned item notification will be sent reflecting the amount and due date required for replacement. If payment is not received by the specified date, the next month's withdrawal will incorporate the replacement total as well as the required monthly payment.
- The plan will be discontinued immediately until a replacement cheque has been received, at which time the plan will be reinstated.
- The Clerk/Treasurer may cancel the privilege of continuing in the plan if two (2) consecutive installments fail to be honoured in the taxation year.
- The unpaid balance of taxes shall be subject to penalties if overdue.

CHANGE INFORMATION/OWNERSHIP/CANCELLATION:

- All changes to your Pre-Authorized Payment Plan information i.e. bank account changes, mailing address changes must be received in writing at least 30 days prior to the next withdrawal date.
- A cheque marked VOID for the new bank account must accompany the Notice.
- If we are not notified by the property owner or lawyers, the Pre-Authorized Payment Plan will be cancelled immediately upon receipt of notification of change of ownership.
- Failure to provide the appropriate notice may result in the continuance of future withdrawals from your bank account.

PRIVACY AGREEMENT:

Personal information on this form is collected under the authority of Section 342 of the Municipal Act, 2001, S.O. 2001, C.25 (as amended), and will be used to determine eligibility for enrolment in a Pre-Authorized Payment Plan for automatic bank withdrawals to remit taxes to the Corporation of the Municipality of Calvin.

PAYOR'S PRE-AUTHORIZED PAYMENT PLAN (PAP) APPLICATION

The Corporation of the Municipality of Calvin

1355 Peddlers Drive, Mattawa, ON P0H 1V0

Tel: 705-744-2700 Fax: 705-744-0309

E-mail: administration@calvintownship.ca

You, the Payor, hereby authorize The Corporation of the Municipality of Calvin to debit the bank account identified below and will advise any change in this regard and the authorization is to remain in effect until cancelled in writing.

Bank Account Information

Account No: _____ Branch Transit No: _____

Financial Institution No: _____ Chequing Account _____ Savings Account _____

Financial Institution

Name: _____

Branch Address: _____

You the Payor may revoke your authorization at any time in writing subject to providing notice not to exceed 30 days.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name: _____
(Please print)

Name: _____
(Please print)

Date: _____

Date: _____

You have certain recourse rights 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 PAP Agreement. To obtain more information on your recourse rights, contact your Financial Institution or visit www.cdnpay.ca.