



Pre-Authorized Payment (PAP) Enrollment Form

Form Required for Each Property

Customer Information (Please Print Clearly)

Name: _____

Roll Number:

3	7	2	9	-					-	0	0	0	-					-	0	0	0	0
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Property Address: _____

Phone Number: _____

Effective Beginning Date: _____

Banking Information: You must enclose a Void Cheque or a Pre-Authorized Transaction Form from your Bank.

I/we hereby authorize the Town of Amherstburg and the Financial Institution designated below to begin deductions for my/our Pre-Authorized Payment Plan according to the following frequency:

	Installment – Payments will be withdrawn on the four installment due dates.
	Monthly – Payments will be withdrawn on the last business day of every month. Payments are calculated in January and recalculated in July based on actual taxes due.

This PAP is for (select one) purposes:	Personal	Business
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Signature of Account Holder:

Signature of Joint Account Holder (If applicable):

Name: _____

Name: _____

Date: _____

Date: _____

Please carefully read page two of this application for the terms of this PAP agreement.

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Terms and Conditions

Upon sale of property, I/we understand it is our responsibility to cancel this pre-authorized plan by giving proper notice in writing to the Town of Amherstburg a minimum of 10 business days prior to the scheduled payment date. The Town will accept no responsibility for pre-authorized payments made towards property which I/we no longer own.

Each payment shall be the same as if I/we had personally issued a cheque authorizing my/our Financial Institution to pay the Town of Amherstburg and to debit the amount specified to my/our account. Should payment not be honored, the Town reserves the right to cancel my enrolment immediately. There will be a \$25.00 returned payment charge along with any applicable interest added to the account associated with any dishonored payment.

I/we understand that the Financial Institution is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled upon written notice by me/us to the Town 10 business days prior to the next scheduled payment date. I/we understand this if this authorization is cancelled, our obligations under this pre-authorized plan are ended, and other suitable arrangements must be made.

Any delivery of the authorization to the Town constitutes delivery by me/us to the Financial Institution.

I am/we are all the persons who are required to sign on the above account.

I/we have certain recourse rights if any debit 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 PAP agreement. To obtain more information on our recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Procedures for the Pre-authorized Payment Plan

Installment

You will receive your interim and final tax bill as usual. There will be a printed message on the bill confirming you are enrolled in the PAP plan.

If you receive a supplementary billing and are enrolled in the installment PAP plan, the supplementary billing amount will be automatically withdrawn on the due date(s) indicated.

Monthly

Interim tax notices will not be issued if you are enrolled in the monthly PAP plan. You will receive your final tax notice as usual. There will be a printed message on the bill confirming you are enrolled in the PAP plan.

If you receive a supplementary billing and are enrolled in the monthly PAP plan, your monthly payment amount will be increased to cover the supplementary billing. You will receive written notification prior advising of the new amount to be withdrawn.

You may enroll in the PAP plan any time during the year; we simply adjust your payments accordingly.