
PRE-AUTHORIZED PAYMENT PLAN APPLICATION FORM

INSTRUCTIONS:

1. Please complete all sections in order to instruct your financial institution to take payments directly from your account.
 2. Please sign the Terms and Conditions on the reverse of this document.
 3. Please attach a void cheque and mail or deliver to the address noted above.
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Option 1: 10 monthly installments, withdrawn on the first business day of each month, from January to October. Payments from January to June are 10% of the previous year, with the difference between one year and the next being paid from July to October. Only accounts with no arrears may enroll.

Option 2: Withdrawal on the due date. Only accounts with no arrears may enroll.

Option 3: 12 monthly installments, withdrawn on the first business day of each month. Any property owner, regardless of account status, may enroll; interest is applicable with this option.

OPTION 1

OPTION 2

OPTION 3 Amount to be withdrawn monthly: _____

Tax Roll #: 04-06- _____

Name(s): _____

Property Address: _____

Postal Code: _____ Telephone #: _____

Account Information:

Name of Bank: _____

Address: _____

Branch

Institution

Account #

**PRE-AUTHORIZED PAYMENT PLAN
Terms and Conditions**

1. I(we) authorize the Township of South Stormont (Payee) to debit my(our) account as indicated on the attached "VOID" cheque, or account information provided by a bank official, under the terms and conditions agreed to by me(us) with the Payee until such time as written notice to the contrary is given.
2. I(we) acknowledge that delivery of my(our) authorization to the Payee constitutes delivery by me(us) to the branch of the financial institution at which I(we) maintain an account, and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
3. I(we) will notify the Payee in writing of any changes in the account information or termination of this authorization 14 days prior to the next due date of the pre-authorized debit.
4. A service charge will be applicable (and added to my(our) tax account) in the event any payment is not completed by the financial institution due to insufficient funds or for any other reason.
5. The Payee may cancel or suspend enrolment in the pre-authorized payment plan after two returned payments.
6. With respect to the 10 month installment plan, I(we) understand that I(we) will receive written notice from the Payee of the amount to be debited ten (10) days prior to any change in the amount of the payment.
7. I(we) guarantee that all persons whose signatures are required to sign on the account have signed this authorization below.
8. I(we) agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I(we) agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
9. I(we) understand and agree to the foregoing terms and conditions

Signed: _____
Account Holder

Dated: _____

Signed: _____
Account Holder

Dated: _____