

Our office offers the convenient option of paying your property taxes by a pre-authorized payment plan. Please complete and sign the form on the back of this brochure, attach a VOID cheque and return it to our office. You will continue to receive a bill. No need to write cheques or buy stamps!

You may choose from the following options:

- 1) **Installment Due Dates:**
Interim Bill:
February 15th and May 15th
Final Bill:
August 15th and November 15th
- 2) **Monthly Installments**
(the 1st business day of each month from January-December)
- 3) **2019 Bi-Weekly 1**
(26 payments every other Friday)
(Starting on January 11, 2019)
- 4) **2019 Bi-Weekly 2**
(26 payments every other Friday)
(Starting on January 04, 2019)

Payments from January to July will be calculated at 50% of the prior year's annual taxes, payable in equal installments, as determined by the payment option selected. When the amount of the final bill is determined, the payments from August to December will be adjusted to reflect the new tax rate and assessment for the year, minus payments already received.

Supplementary tax bills for improvements and new construction will not be covered by the pre-authorized payment plan. They must be paid separately on the specified bill due dates, unless alternative arrangements are made with our office.

Moving?

Banking Changes?

Please let us know.

To change your bank account information or cancel your pre-authorized payment plan, please contact us at least 7 days prior to the next scheduled withdrawal date.

Written notice is required.

Return the completed form and void cheque to the address below, or by mail, email or fax to:

The Municipality of Central Elgin
450 Sunset Drive
St. Thomas ON N5R 5V1

Phone: 519-631-4860
Fax: 519-631-4036

Email: finance@centralelgin.org
Website: www.centralelgin.org



Tired of paying late charges for missed tax payments?

Going on vacation?



Enroll in Central Elgin's Pre-authorized Payment Plan and never miss a tax deadline again!



PRE-AUTHORIZED PAYMENT (PAP) AUTHORIZATION FORM FOR PAYMENT OF PROPERTY TAXES

To enroll in the pre-authorized payment plan, please complete this form and return it to:

The Municipality of Central Elgin
450 Sunset Drive, St Thomas ON N5R 5V1
Phone: 519-631-4860 / Fax: 519-631-4036
Email: finance@centralelgin.org

PLEASE NOTE: ACCOUNT MUST BE UP TO DATE BEFORE
STARTING AN AUTOMATIC PAYMENT PLAN

Name(s): _____

Property Roll No: _____

Property Address: _____

Telephone: _____

Email: _____

Payment Plan Options (Check one only)

<input type="checkbox"/> Installment: (Feb 15 th / May 15 th / Aug 15 th / Nov 15 th)	OFFICE USE ONLY
<input type="checkbox"/> Monthly: (1 st business day of each month-January-December)	Amount \$ _____ Start Date _____
<input type="checkbox"/> Bi-Weekly 1: (26 payments starting on Jan 11, 2019)	Amount \$ _____ Start Date _____
<input type="checkbox"/> Bi-Weekly 2: (26 payments starting on Jan 04, 2019)	Amount \$ _____ Start Date _____

In this Authorization, "I", "me" and "my" refers to each Account Holder who signs below. If more than one signature is required for the account, all must provide an authorized signature. I warrant and guarantee that all person(s) whose signatures are required to sign on the account have signed this Authorization.

I authorize the Municipality of Central Elgin and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as to the type of plan I selected on this application. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. This authority is to remain in effect until the Municipality has received written notification from me of its change or termination, subject to providing notice of ten (10) business days. The Municipality reserves the right to change/cancel any agreement within ten (10) business days of written notice sent to the account holder.

I understand that the Municipality will levy a service charge (plus applicable interest) against my tax account upon any payment returned by the banking system and that this agreement may be deemed null and void.

Signature of Account Holder: _____ Date: _____

Signature of Joint Account Holder (if applicable): _____ Date: _____

Any personal information provided on this form is collected, used and disclosed in accordance with the *Municipal Freedom of Information Protection of Privacy Act* (MFIPPA). We will not sell, share, or rent your personal information to any third party. The Municipality will only use or disclose your personal information in accordance with what is permitted under MFIPPA.

You have certain 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

ATTACH VOID CHEQUE HERE

ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE POSTAL CODE	DATE _____	001
PAY TO THE ORDER OF _____	VOID	\$ _____
BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE POSTAL CODE		100 DOLLARS
⑈ 00 ⑈ ⑆ 05550 ⑈ 004⑆ ⑆ 27864 ⑆ 82 ⑆ 78 ⑈	Branch / Transit Number	Bank Number
		Account Number