

**TOWNSHIP OF HORTON
PRE-AUTHORIZED PAYMENT PLAN AGREEMENT
FOR PAYMENT OF ANNUAL TAX LEVY**

Tax Payers wishing to enroll in the pre-authorized payment plan for payment of their annual tax levy must adhere to the following:

1. Pay all taxes in full prior to application.
2. Complete the agreement and return to the Township Office.
3. Attach a VOID cheque or bank information sheet.

NAME(S) OF PROPERTY OWNERS: _____

PROPERTY LOCATION: _____ ROLL NUMBER: 4746 _____

MAILING ADDRESS: _____ TOWN/CITY: _____ PROV: _____

POSTAL CODE: _____ HOME PHONE: (____) - _____ - _____ WORK PHONE: (____) - _____ - _____

Email Address: _____ These services are for (check one): Personal Business

Payment Plan Type: Monthly By Due Date (Payment is as levied.)

BANKING INFORMATION

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

BRANCH NO: _____ TRANSIT NO: _____ ACCOUNT NO: _____

The **MONTHLY** payment will be calculated by the Township 3 times each year, at the start of the year, after the levy has been applied and on the last payment of the year. Any additional charges such as supplementary or omitted taxes must be paid separately. You will be notified in writing 10 days prior to any changes affecting your payment amount.

I/We have read and understood the terms of this authorization and hereby authorize the Township of Horton to debit my/our bank account on the last working day of the month of each month from the Financial Institution as noted above.

I/We may revoke authorization at any time, subject to providing written notice of thirty (30) days to the Township. It is my/our responsibility to notify the township office if the property has been sold; the plan will be immediately cancelled. For more information on my right to cancel a pre-authorized debit agreement and a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca.

I/We will inform the Township, in writing, of any change in the Account information provided above at least 10 business days prior to the last working day of the month.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights I may contact my financial institution or visit www.cdnpay.ca.

If the pre-authorized payment is not authorized by the Bank, the Township will levy an administration fee of twenty-five dollars (\$25.00). The returned payment and fees will be added to the next month's amount. If the pre-authorized payment is not authorized by the Bank a second time, the Township will levy the administrative fee of twenty-five dollars (\$25.00) and remove the account from the plan.

Date: _____ Signature(s): _____ Account Holder: _____

Joint Account Holder: _____

(Note: Signature is required from all owners)

The information collected on this form is being collected under the authority of Section 342 1(b) and Section 342(5) of the Municipal Act, R.S.O. and will be used for the purpose of applying pre-authorized payments to the tax account.

Please mail completed form to: Township of Horton 2253 Johnston Rd, RENFREW ON K7V 3Z8

For Internal Office Use Only:

Monthly Amount: \$ _____ Payment Start Date: _____

Accepted by: _____ Date: _____