

The Corporation of the Town of Amherstburg

Tax Office
271 Sandwich Street South
Amherstburg, ON
N9V 2A5

PHONE: (519)736-5401
FAX: (519)736-0011
www.amherstburg.on.ca

PRE-AUTHORIZED PAYMENT ENROLLMENT FORM

RATEPAYER NAME(S): _____

ADDRESS OF PROPERTY: _____

PROPERTY ROLL NUMBER: _____

(must specify if more than one property)

TELEPHONE: _____

I hereby authorize the Corporation of the Town of Amherstburg and the Financial Institution designated below to begin deductions for my Pre-Authorized Chequing Plan. This authority is to remain in effect until The Town of Amherstburg has received notification from me or until the Town of Amherstburg has sent me notice of termination.

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

BANK ACCOUNT NUMBER: _____

EFFECTIVE BEGINNING DATE: _____

FREQUENCY: (circle one)

- Equal estimated monthly installments (must enroll before first installment of year)
- By installment date (must enroll two weeks prior to due date)

AUTHORIZED SIGNATURE: _____

NOTES:

- Please enclose a void cheque with this application
- When more than one signature is required on a cheque, both signatures are required above
- At least one name on the cheque must appear on the tax notice
- Be certain to read page two of this application which includes the terms of PAP enrollment

TERMS AND CONDITIONS

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 a payment not be honored, this will cancel my enrollment in the plan immediately.

I/We will notify the Town of Amherstburg promptly **in writing** if the bank account number or branch is changed.

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 canceled by the first day of the billing month upon **written notice** by me/us to the Town of Amherstburg. I/We understand that if this authorization is canceled, our obligations under this pre-authorized plan are ended.

Upon sale of a property, I/We understand that it is our responsibility to cancel the pre-authorized plan by giving notice in writing. The Town will accept no responsibility for pre-authorized payments made towards property which I/We no longer own.

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

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

Procedures for Pre-Authorized Chequing Plan

Each billing date **you will receive your tax bill as usual**. We will print a message on the bill advising you the amounts shown will be withdrawn from your account on each of the due dates.

If you receive a Supplementary Billing and are enrolled in the PAP plan by due date, the Supplementary Billing amount will be withdrawn on the due date.

If you receive a Supplementary Billing and are enrolled in the PAP plan by equal monthly payments, you will need to contact our office to adjust your monthly payment amount to cover the Supplementary Billing. Failure to adjust your monthly amount will result in a large balance owing on the account at year end.