Municipality of Huron Shores

7 Bridge Street, P.O. Box 460 Iron Bridge, ON POR 1H0 Tel.: (705) 843-2033 / Fax: (705) 843-2035 email@huronshores.ca

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT- TAX PAYMENT PROGRAM

* Attach a void cheque to the completed form and return to the address above.

| PERSONAL IN | FORMATION: (PI | lease Print) | |
|---|--|--|--|
| Name(s): | | | |
| Roll Number: | 5724-000 | 0000 | |
| Address: | | | |
| City/Town: | | Province: | Postal Code: |
| Phone: | | Email (Option | al): |
| ACCOUNT INF | ORMATION: | | |
| Name of Financi | al Institution: | | |
| Address: | | | |
| City/Town: | | Province: | Postal Code: |
| Institution #: | Financial Inst | titution Branch $\#:$ | Account #: |
| November (I 2. Any returned 3. Non-sufficier a second with returned. 4. If a bank parauthorized T 5. If I choose to weeks' notice date. To obte cancel a PAD 6. I have certal example, I have concerve right. | ast business day of payments will be not funds (NSF) pay the change of cancer of change or cancer of cance | of the month). It is subject to an adminity yments will be re-presentation of twice during any taxage and will be terminated at the program at any mend or stop deduction form, or for may contact my financial if any debit does not deceive reimbursement and Agreement. To obtain the my financial institution in the my financial institution form, and financial institution form financial institution form, and financial institution form, and financial institution form, and financial institution form financial institution form, and financial institution financial institution financial institution form financial institution financial institution financial institution fin | sented by the Municipality's bank for ness days after the first attempt is ation year, enrolment in the Pre- d. time, the Municipality requires two ons prior to the next withdrawal nore information on my right to all institution. comply with this agreement. For a for any debit that is not authorized tain more information on my |
| Please see the | attached inforn | mation for more deta | ails. |
| Authorized Debi | t (PAD) Tax Paym | ent Program and auth | and conditions outlined in the Pre- norize my (our) bank to draw for payment of property taxes. |
| Authorized Signature(s): | | | Date: |
| | | | |

Date:_____

Authorized Signature(s):

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PRE-AUTHORIZED DEBIT (PAD) TAX PAYMENT PROGRAM FREQUENTLY ASKED QUESTIONS

What is the Pre-Authorized Debit (PAD) Tax Payment Program?

It's a voluntary program authorizing your financial institution to make property tax payments on your behalf through automatic withdrawals from your bank account.

How to enrol:

It's easy! Complete and return the application form along with a void cheque to the address above. You must complete a separate application for each property. However, only one void cheque is required if all properties are to be paid from the same bank account. Once enrolled, you will receive a written notification confirming your acceptance in the program and outlining your payment schedule. In the meantime, you should continue to pay your taxes through your regular payment method.

Who is eligible?

If your tax account is in good standing, your property is fully assessed, and your taxes are not paid by a mortgage company, you are eligible to enrol. You must enrol at least 30 days in advance of the first scheduled payment and your account must remain in good standing while you are on the program. If your account is in arrears at any point in time, you may be removed from the program.

Program Benefits:

- Convenient: No need to write cheques or stand in line on installment due dates.
- Economical: The program is free and you'll save on postage, cheques, and interest charges.
- Secure: Your information is kept confidential and you don't have to worry about lost/stolen cheques.

Penalties and Charges:

Payments not cleared by your financial institution will result in a \$30.00 administration fee. In addition, interest charges will be applied to overdue taxes at a rate of 1.25% in the first week of each month. If two payments are returned within a taxation year, your enrolment in the program will be terminated. Supplementary/omitted tax bills or other charges cannot be paid through the program. They must be paid separately.

Confidentiality:

All personal information on this form is collected under the authority of Section 342 of the Municipal Act, 2001 and will be used to determine eligibility for enrolment in the Pre-Authorized Tax Payment Plan. All information received is kept confidential and will not be released under any circumstances.

*For more information about the program and/or the form, please visit <u>www.huronshores.ca</u> or contact us at 705-843-2033