

PRE-AUTHORIZED PAYMENT (PAP) INFORMATION Township of East Zorra-Tavistock

89 Loveys St Hickson ON N0J 1L0 Phone: 519462.2697 Email: taxes@ezt.ca

The Township offers three pre-authorized payment plans for your convenience. There are no service charges or penalty using the pre-authorized payment plan. Under the plan options, funds are withdrawn automatically from your bank account. Your enrollment in the Pre-Authorized Payment Plan will be confirmed by email or letter indicating the amount to be withdrawn from your account.

Am I eligible to enroll?

You must have no outstanding taxes on your tax account. Your taxes are not included in your mortgage payments.

How the Payment Plans Work

PAP11

Your annual tax levy will be estimated based on the prior year's actual taxes and divided into 11 payments. This amount will be deducted directly from your bank account on the 15th day of each month from January to November, with the difference between the actual and estimated taxes adjusted on the final three withdrawals (August through November). You will be advised of any adjustment made to the withdrawal amount when the tax rates have been established for the year.

PAP12

Your annual tax levy will be estimated based on the prior year's actual taxes and divided into 12 payments. This amount will be deducted directly from your bank account on the 15th day of each month from January to December, with the difference between the actual and estimated taxes adjusted on the final five withdrawals (August through December). You will be advised of any adjustment made to the withdrawal amount when the tax rates have been established for the year.

Installment Plan

The actual tax installments levied will be deducted from your bank account on the assigned due dates. Due dates in East Zorra-Tavistock are the last business day of February, May, August and November. You will receive your tax bills in February and August indicating what the installments will be and the exact due dates.

Supplementary Taxes

If your taxes increase during the year due to a supplementary assessment (new building or improvement to your property), you will receive a separate tax bill and it will be due and payable over and above your pre-authorized payment plan. The bill will be clearly marked to notify you that you are responsible for the extra payments. Please note your supplemental bills cannot be added to your PAP plan.

How to Make Changes or Updates to Your Payment Plan

If for any reason you wish to be removed from this payment plan, or if your banking information changes, you must notify the tax office in writing at least fifteen days before the next pre-authorized payment is due.



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 Township of East Zorra-Tavistock

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

Name(s):			
Property Roll No(s):	3 2 3 8 -		
Property Address:			
Telephone:			
Email:			
Payment Plan Opt	ions (Check one only)		
☐ Instalment: (on instalment due dates)		OFFICE USE ONLY	
□ PAP 11: (15 th of the month January-November)		Amount \$	Start Date
☐ PAP 12: (15 th of th	e month January-December)	Amount \$	Start Date
In this Authorization, "I", "me" and "my" refers to each Account Holder who sign 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 Township of East Zorra-Tavistock 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 Township has received written notification from me of its change or termination, subject to providing notice of ten (10) business days. The Township 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 Township will levy a service charge of \$35.00 (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:	
	on this form is collected, used and disclosed in accordanal information to any third party. The Township will		
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			
Please attach either a void cheque or banking information provided by your bank.			
	ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE POSTAL CODE	DATE	01
	PAYTO THE ORDER OF VOICE	\$	
	BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE POSTAL, CODE		
	Branch / Transit Number Number	7864182178₽ Account Number	
ONLY complete the section below if you are <u>NOT able to provide</u> a void cheque or document from your bank.			
Bank Transit# _	Institution #	Account #	
(5 digits)	(3 digits)	(1-12 digits)	
Completed forms can be mailed, faxed or emailed. For more information about our pre-authorized payment plans, please visit our website or contact the office.			