



PRE-AUTHORIZED PAYMENT AGREEMENT (PAP)

FOR PROPERTY TAXES & / or WATER

Property owners now have the option to choose one of two pre-authorized payment plans for taxes and an instalment plan for water accounts that offer the convenience of having no cheques to write, no worries about late payment fees, no large lump sum payments and no line-ups at the bank or municipal office. **To Enrol please complete:**

Property Tax - Roll Number(s):

Water - Account Number(s):

_____-_____-_____
_____-_____-_____

_____-_____-_____
_____-_____-_____

Mail or Fax or e-mail to:

**4591 Lambton Line
RR 4**

Dresden, ON N0P 1M0

TEL: 519-692-5148

FAX: 519-692-5511

treasurer@dawneuphemia.on.ca

Return 10 days prior to Due Date

Owner(s) Information:

Owners Names:		
Mailing Address:		
City:	Province:	Postal Code:
Phone #:	E-mail:	

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Instalment Plan (Due Date) – an electronic debit in the amount of the tax / water instalment due on the particular due date, as shown on the tax / water billing provided by the Township, will be drawn on your bank account on the instalment due date.

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Monthly Payment Plan – For Property Taxes Only – From January through December, an electronic debit will be processed from your bank account on the **15th day** of each month (or the next business day). The amount will be based on your prior year's annualized taxes divided evenly over 8 months (Jan-Aug) with reconciliation of the final tax bill of August, being equally calculated for the remaining 4 months (Sept-Dec).

You can join the plan at any time during the year - the monthly amount will be adjusted accordingly.

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Banking Information: Attach to this agreement – the top of your Account Statement showing the Account Holder's names, the Branch address and the Account Number; or a voided cheque.

All account holders must sign this agreement.

Your tax account(s) must be current (not in arrears) to join the plan.

Supplementary Tax billings are not covered by these plans and must be paid separately.

This plan will be terminated, and NSF fees will apply if a debit is returned by your bank.

See reverse side for cancellation and reimbursement details.

I(we), the account holders, authorize Dawn-Euphemia Township and my(our) financial institution to debit my(our) account for property taxes and/or water utility billings under the terms and conditions as indicated above and agreed to by me(us) until such time as written notice to the contrary is given by me(us) to the Township. Each debit shall be the same as if I(we) had personally issued a cheque payable to the Township. The Township will provide ten (10) days written notice of the amount of each regular debit including changes to the amount.

Name of Applicant (print)

Signature

Date

Name of Applicant (print)

Signature

Date

The personal information on this form is collected under authority of the Municipal Act, SO 2001, and will be used only for the purpose of administering the pre-authorized payment plans offered by the Municipality. Questions about the collection of personal information should be directed to the Freedom of Information and Privacy Coordinator, Dawn-Euphemia Clerks Office.



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Cancellation of Agreement

This authority is to remain in effect until Dawn-Euphemia Township has received written notification from you regarding its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided on this form. You may obtain a sample cancellation form, or more information on my/our right to cancel a PAP Agreement at my/our financial institution or by visiting www.payments.ca.

Reimbursement Statement

You have certain recourse 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, you may contact your financial institution or visit www.payments.ca.

For office use only

Date entered _____ initial ____

Date verified by Treasurer _____ Initial ____