

## PRE-AUTHORIZED PAYMENT PLAN ENROLLMENT FORM

#### Town of Penetanguishene 10 Robert St. W. Box 5009 Penetanguishene, ON L9M 2G2 705-549-7453 Tel 705-549-3743 Fax Email: finance@penetanguishene.ca

The Town of Penetanguishene offers a Pre-authorized payment plan for Tax and Water/Sewer payments. Select one of the following three options.

# **OPTION 1 – Payments on Regular Due Dates**

Under this option, the amount of the regular installments for both Taxes and/or Water/Sewer will be deducted from your bank account **on the day it is due.** 

## **OPTION 2 – Equal Monthly Payments for Current Taxes**

Under this option, if your taxes are current, we will deduct six equal monthly payments based on your previous years taxes from January through to June, and six equal monthly payments based on the balance of the current years taxes from July through to December. Withdrawals are **on the last business day of each month.** 

## **OPTION 3 – Monthly Payment of Tax Arrears**

Please contact the Finance Department to discuss your particular situation. The amount of the monthly payment under this option must be sufficient to clear off the arrears within a reasonable amount of time. Withdrawals are **on the last business day of each month.** 

#### HOW TO ENROLL

Fill in the attached form and return it to the Municipal Office along with a VOID cheque. If you own more than one property in Town, please complete a separate form for each property. Your authorization will continue from year to year. You may cancel your authorization at any time with 30 days written notice to the Finance Department. Likewise if you change bank accounts, please notify the Finance Department in writing 30 days in advance of the change. We regret that we are unable to stop payments after the 25th of the month.

### PENALTIES AND CHARGES

If a payment does not clear your bank we reserve the right to remove you from the plan with written notice. In addition, **a charge of \$40.00** will be imposed and penalty charges will be added to your Water/Sewer and/or Tax account.

Name:			
Tax Roll Number:			
Water/Sewer Accour	nt:		
Property Location:			
Mailing Address:			
Phone Number:			
Email:			
Start Date :			
I hereby authorize the To from my bank account to	•	uishene to with	draw payments
Water/Sev (Quarterly pa	wer Bills ayments only)	Property T (Check one o	
Please choose one of th Water/Sewer bill paymen bill.			
Option #1 . Payment of Regular Installments			
Option #2 . Equal Mont	thly Payment		
Option #3 . Equal Payn	nent (Tax Arrears	s)	
Signature:		Date:	

PLEASE ATTACH A VOID CHEQUE