Township of Brock
PO Box 10
1 Cameron St E
Cannington ON L0E 1E0
Tel:(705)432-2355 Fax: (705)432-2189

CURRENT YEAR PRE-AUTHORIZED TAX PAYMENT PLAN (PAP)

Tax Roll #	1	8	3	9	-				-				-						-	0	0	0	0

INSTALLMENT/DUE DATE PLAN

☐ I would like the convenience of 4 automatic debits on the installment/due dates. **Please contact Tax Staff for next start date.**

OR

MONTHLY PLAN

☐ I would like the convenience of 11 automatic debits on the first day of each month, (January to November). **Please contact Tax Staff for next start date.**

☐ VOID Cheque is enclosed. (We are not able to accept line of credit or credit card cheques.)

Property Owner(s)

Property Address

Home Phone # ___ - ___ - ____ Business # ___ - ___ - ____

TERMS AND CONDITIONS

I(we) authorize the Township of Brock to debit the account as indicated on the attached "VOID" cheque under the terms and conditions agreed by me(us) with the Township of Brock until such time as written notice to the contrary is given. I(we) will check my(our) statement or passbook regularly to confirm that withdrawals are being made in accordance with the authorization. I(we) warrant that all person(s) signature(s) are required to sign on this account have signed this agreement.

I(we) acknowledge that delivery of authorization to the Township of Brock constitutes delivery by me(us) to the branch of the financial institution at which I(we) maintain an account at and that such financial institution is not required to verify that the payment(s) are withdrawn in accordance with this authorization.

I(we) will notify the Township of Brock in writing, a minimum of fourteen(14) days prior to the next due date of the pre-authorized debit of any changes in the account information or for termination of this authorization. I(we) acknowledge that if notice is not given to cancel the plan when a sale occurs any payments withdrawn after the sale date will remain on the account and it will be the vendor's responsibility to negotiate these payments with their lawyers.

I(we) acknowledge that we will be terminated from this plan after two(2) payments have been returned by my(our) bank OR if no replacement cheque is received after the first returned payment and that administrative and interest charges will apply. If any of my(our) pre-authorized payments do not clear through my(our) bank account the Township will charge me(us) an administrative fee. If returned payments are not replaced on time, I (we) will also be automatically removed from the Pre-Authorized Payment Plan and returned to the regular instalment plan. I(we) 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.cdnpay.ca.

I(we) have recourse rights if any debit does not comply with this agreement. I (we) have rights to receive reimbursement for any PAP that is not authorized or is not consistent with this PAP agreement. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I(we) may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE NOTE: TO JOIN THIS PLAN, YOUR TAXES MUST BE CURRENT.

By signing this application, I/we acknowledge that I/we have read and understand all conditions.

Signature:_____ Date: _____

Signature: _____ Date: _____
(if cheque requires 2 signatures)

Information provided by applicants is subject to the Municipal Freedom of Information and Protection of Privacy Act. Personal information regarding this application will be treated as confidential.

FOR OFFICE USE ONLY

START DATE		MONTHLY AMOUNT TO START(ON MTHLY PLAN)		JANUARY-JUNE MONTHLY AMT		DATE ENTERED

If this document is required in an alternate format,
please contact the Treasury Department at 705-432-2355