



**THE TOWNSHIP OF ADJALA-TOSORONTIO
APPLICATION FOR PRE-AUTHORIZED PAYMENT PLAN (PAP)
PROPERTY TAXES**

The Township of Adjala-Tosorontio offers pre-authorized payment plans to its property owners to provide the option of a worry-free way of paying your property taxes by either spreading the payments over 10 months or having the monies directly withdrawn from your Bank account on the installment due dates.

TWO PLANS TO CHOOSE FROM:

- **10 Month Plan** – Your tax levy is divided into 10 equal payments. This amount will be deducted directly from your account on the **15TH day** of each month from January to October. A letter will be mailed to you to confirm enrollment and to indicate monthly withdrawal amount. The monthly payments are based upon previous year's taxes **but may change** when the final billing has been issued. The payments will then be based upon current year taxes for the remainder of the year (July to October)
- **Installment Due Dates Only Plan** – The exact amount of the installment will be deducted directly from your bank account four times per year, on the actual date that it is due. The interim and final tax bills will still be issued to you so you will know the installment amounts and the due dates for the automatic payments to be withdrawn.

WHO MAY ENROLL?

- You do not pay your taxes with your mortgage
- Your tax account is paid in full

There are no fees to enroll and the tax account is penalty exempt.*

TERMS & CONDITIONS:

- Once you have signed up, you will automatically remain in the program until you choose to withdraw in writing.
- If, **YOU MOVE WITHIN THE TOWNSHIP**, the previous plan **MUST BE CANCELLED** and a **NEW PLAN** must be registered.
- If, **FOR ANY REASON**, you wish to be removed from the payment plan, or if your banking information changes, **YOU MUST** notify the tax office **IN WRITING** at least **THIRTY (30) DAYS BEFORE** the next pre-authorized payment is due. If you are cancelling the plan, you must pay the outstanding balance in full, to avoid interest charges.
- * ● If, **FOR ANY REASON**, a payment is returned, you will be subject to finance charges and applicable penalties. If you are on the 10 month plan, the amount of the returned payment plus finance charge and applicable penalties will be added to your next month's payment. If any two payments should be returned, your enrollment in the Pre-Authorized Payment Plan will be terminated.
- *Any additional tax billings issued during the year are due and payable on the dates as shown, and must be paid separately to the Township.*

Enrollment Deadline:

RETURN BY DECEMBER 15TH OF THE CURRENT YEAR TO BE INCLUDED IN THE NEXT YEAR'S PLAN.

FOR FURTHER INFORMATION, CONTACT THE TAX OFFICE, TELEPHONE 705-434-5055

7855 Sideroad 30, Alliston, Ontario L9R 1V1, Fax 705-434-5051 Email finance@adjtos.ca

COMPLETE ALL INFORMATION, SIGN & RETURN TO

THE TOWNSHIP OF ADJALA TOSORONTIO WITH A CHEQUE MARKED "VOID".



Please Note: To protect your information The Township of Adjala Tosorontio will not accept PAD forms by email. Please mail the PAD form with void cheque to our office, or bring it to the Tax

PREAUTHORIZED DEBIT (PAD), PROPERTY TAXES (PLEASE PRINT)

I hereby authorize the Township of Adjala Tosorontio to withdraw payments from my bank account to pay my taxes in the following manner: (choose one of the following options)

- OPTION 1 – 10 (ten) monthly payments January to October;
- OPTION 2 - the 4 tax installments on the regular due dates (March, May, July, September);

Roll Number: 4301 _____ Date: _____

List all Roll #'s if you own more than one property.

Name (s) (print) _____

Property Address: _____

Mailing Address _____

City/Town _____ Province _____ Postal code _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution Name: _____

Financial Institution Account Number: _____

Financial Institution Transit Number: _____ (branch code (5 digits))

Bank Number: _____ (3 digits)

Authorized Signature: _____ Date: _____

Please send all communication by email: _____

Signature of Joint Account holder (if required by bank) _____

PLEASE DO NOT FORGET TO ATTACH A BLANK, UNSIGNED CHEQUE MARKED "VOID"

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca