



Municipality of South Dundas

34 Ottawa Street
P.O. Box 740
Morrisburg ON
K0C 1X0
Phone – 613-543-2673
Fax – 613-543-1076

Pre-authorized payment (PAP) Plan Enrollment Form

Please complete application, sign and return this original by Mail to the above address,
And Please be sure to enclose a **VOID Cheque**.
For additional information please contact us at 613-543-2673

Customer Information

Pre-Authorized Payment Program : Personal Business
Roll Number:
OWNER(S):
Property Address:
Mailing Address:
Phone Number Home: Cell Number-
Phone Number Work: Contact Name-
Email Address:

Pre-Authorized Payment Details

If you are selecting the **DUE DATE OPTION**, please print your name below and check this box:
I, _____, authorize the Municipality of South Dundas to debit my bank account on the due date for the amount of my interim and final Property taxes. This is a continual agreement until the municipality is notified in writing cancelling this agreement. (See below)

If you are selecting the **MONTHLY PAYMENT OPTION**, please print your name below and check this box:
I, _____, authorize the Municipality of South Dundas to debit my bank account on the **30th of each month**. This is a continual agreement until the municipality is notified in writing cancelling this agreement. (See below)
STARTING Date _____ AMOUNT \$ _____

Change of Bank Account Information or Increasing / Decreasing Amount of Payment

If there is a change of Banking information such as a new account and/or closed account, or you wish to increase the amount we are debiting your bank account, please provide us in writing at least fifteen (15) Business days prior to the next scheduled debit.

Non-Sufficient Funds / Returned Payments

If your Pre-Authorized Payment is returned due to insufficient funds (NSF), a returned fee will be applied to your account. Also under the Canadian Payment Association regulations, two (2) NSF automatic debits will result in Cancellation of the program.

Cancellation Terms

This authorization may be cancelled upon notice by the registered owner(s) in writing to the Municipality of South Dundas at least fifteen (15) business days prior to the next scheduled debit. To obtain a sample cancellation form, or for more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.cdnpay.ca.

Recourse 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, contact your financial institution or visit, www.cdnpay.ca.

I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE.

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____