



**Pre-Authorized Payment Plan Enrollment Form (PAP)**

Complete application & return original. Enclose a VOID Cheque or banking information.

| <b>OWNER INFORMATION</b>   |            |          |
|--|------------|----------|
| Pre-Authorized Payment Program:  | Personal   | Business |
| Roll Number:   |            |          |
| Owner(s):  |            |          |
| Property Address:  |            |          |
| Mailing Address:   |            |          |
| Phone Number(s):   | Home:      | Cell:    |
| Email Address:   |            |          |
| <b>PRE-AUTHORIZED PAYMENT DETAILS</b>  |            |          |
| Due Date Option  |            |          |
| 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.  |            |          |
| Monthly Option   |            |          |
| 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. Starting Date _____ Amount \$ _____  |            |          |
| <b>CHANGE OF BANK ACCOUNT INFORMATION OR INCREASING/DECREASING AMOUNT</b>  |            |          |
| 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.   |            |          |
| <b>NON-SUFFICIENT FUNDS / RETURNED PAYMENTS</b>  |            |          |
| 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.  |            |          |
| <b>CANCELLATION TERMS</b>  |            |          |
| 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 <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> . |            |          |
| <b>RECOURSE STATEMENT</b>  |            |          |
| 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, <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .                     |            |          |
| I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE.   |            |          |
| DATE:  | SIGNATURE: |          |
| DATE:  | SIGNATURE: |          |