

**Corporation of the Township of
Smith-Ennismore-Lakefield**

Web Site: www.smithennismorelakefield.on.ca

Email: twpsel@nexicom.net

Property Tax Pre-Authorized Payment Plan Authorization Form

- ◆ **Complete and sign** the enrolment/authorization below (if a joint bank account, both parties must sign below)
- ◆ Attach your personal blank cheque marked "VOID"
- ◆ Mail or deliver the **signed** form and void cheque to our office.
- ◆ **NOTE: If two of your payments are returned by the bank this agreement will be terminated. There is a charge of \$20.00 per returned item.**
- ◆ If you wish to terminate this arrangement, the tax office must be notified by the first day of the month in which payment is to stop.
- ◆ **Withdrawal Dates: Posted on the 15th of each month if part of the "Monthly" plan
Posted on the instalment dates if part of the "Instalment" plan**

Terms and Conditions

I/We authorize the Township of Smith-Ennismore-Lakefield to debit my/our account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me/us with the payee until such time as written notice to the contrary is given. I/We will notify the Payee in writing of any changes in the account information or termination of this authorization no later than the first day of the month in which the change or termination is to occur. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this 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.

I/We warrant that all persons whose signature(s) are requested to sign this account have signed the agreement.

Pre-Authorized Payment Plan Authorization Form

Roll Number 1516- Phone Number _____

Names(s) _____

Mailing Address _____

Property Address (if different from above) _____

These services are for (check one) _____ Personal _____ Business

I/We authorize the Township of Smith-Ennismore-Lakefield to process a debit in paper, electronic or other form. The Township of Smith-Ennismore-Lakefield will to the best of their abilities advise me/us in writing of any revised amounts in advance of its (changed amount) effective date. I/We acknowledge that I/We have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I/we have received a copy.

_____ Instalment Plan

_____ Monthly Plan: Date to start: _____ Payment Amount: _____

Signature

Date

Signature

Date

Office Location: 1310 Centre Line, R.R. #4 Peterborough, Ontario, K9J 6X2

Mailing Address: P.O. Box 270, Bridgenorth, Ontario, K0L 1H0

Telephone: (705) 292-9507 • Facsimile: (705) 292-8964