



315 King St W, PO Box 640 Chatham ON N7M 5K8  
Tel: 519-360-1998 Fax: 519-358-4534

PROPERTY TAX  
Pre-Authorized Payment Agreement

All arrears must be paid in full prior to implementation

Roll Number: 3 6 5 0 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - 0 0 0 0

Civic Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address and contact information provided will replace any existing contact information for all tax related matters on this account.

Payment Type:  Due Date - As indicated on Municipal Tax Bill  
 Monthly (15<sup>th</sup>) starting the month of: \_\_\_\_\_, 20 \_\_\_\_\_

Return the Agreement and a VOID cheque 10 days prior to your first payment to one of our offices, or by email to [ckar@chatham-kent.ca](mailto:ckar@chatham-kent.ca) or by mail to **Attention: Accounts Receivable Department**

**Payment Information:** **\*Attach a VOID Cheque to this agreement**

Name of Canadian Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please note, we are unable to accept Line of Credit bank accounts for the PAP plan.

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**Bank #**                                      **Transit #**                                      **Account #**

I/We (the above named customer) authorize the Municipality of Chatham-Kent to debit my/our account on the due date, or if monthly plan, on the 15th day of the month.

I/We understand that supplementary billings will be my/our responsibility, as they are not covered by this plan.

I/We will notify the Municipality 10 days in advance of payment date if I/We wish to start, end, move my/our bank account or make other changes to the account. Each payment shall be the same as if I/We had personally issued a cheque authorizing the bank as indicated and to debit the amount specified from my/our account.

Please note, returned payments are subject to the addition of an administration fee. If a returned payment is not replaced within thirty days, participation in the pre-authorized payment plan will be ceased. Two returned payments within a one year period will result in the termination of your participation in the plan. A new application may be submitted after a one year waiting period. A completed form is required for each property that is to be enrolled in the plan.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Signature (if required): \_\_\_\_\_

Representative: \_\_\_\_\_

Where a facsimile number or e-mail is provided within this document, when transmitted electronically to a facsimile or email address, the signature(s) of the party shall then be deemed as an original signature. The Municipality collects and uses the personal information you provide on this form in conformance with the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990, c.M. 56. The Municipality will only disclose your information in conformance with that Act.

# Pre-Authorized Payment Agreement

You have the option of selecting one of the two different pre-authorized payment plans that offer you the convenience of having no cheques to write, no worries about overdue payments, no large lump sum payments, and no line-ups at your bank or municipal office.

**Your two pre-authorized payment options include:**

## **1. Instalment (Due Date)**

You can select to pay your taxes on instalment due date. All arrears **MUST** be paid in full prior to implementation. You may then apply to have the instalment amounts withdrawn from your bank account. There is no service fee for enrolling in this plan. Supplementary Tax billings will be your responsibility, as they will not be covered under this program.

## **2. Monthly**

An automatic withdrawal of a system calculated amount will be removed from your bank account on the fifteenth day of each month. All arrears **MUST** be paid in full prior to implementation. You may then apply to have the monthly amounts withdrawn from your bank account. Monthly pre-authorized payment plans will be recalculated twice per year, in February and July, to align with the interim and final tax bills. The calculated withdrawal amounts will be populated in a payment schedule on the Tax Bill for your reference. Please note, the January monthly withdrawal amount will be a continuation of the July to December calculated amount. There is no service fee for enrollment in this plan. Supplementary Tax billings will be your responsibility, as they will not be covered under this program. Adjustments **DO NOT** affect this plan until bill re-calculation. If you wish to have your amount revised, please submit a written request to the tax department.

**If you are not currently enrolled in the Pre-authorized Payment Plan** for the payment of taxes you must complete a Pre-Authorized Payment Agreement Form for each property you wish to enroll in the plan and return it along with a VOID cheque to the Accounts Receivable Department. This authorization will not be required each year. To make banking changes or withdraw from a plan you must provide ten days (10) written notice to the Accounts Receivable Department in advance of the payment date.

To Change or Cancel your Pre-Authorized Payment information please visit our website at [www.chatham-kent.ca](http://www.chatham-kent.ca) or visit one of our municipal service centres and complete the required form for each property that is affected by the change.