

**THE CITY OF THOROLD HAS
TWO PRE-AUTHORIZED
PAYMENT PLANS
AVAILABLE FOR YOUR
CONVENIENCE**

INSTALMENT PLAN

This plan will automatically debit your bank account on the instalment due date for the instalment amount. No missed due dates or late payment charges. No waiting in line or postage costs.

How does this plan work?

Once properly enrolled, a notice will be mailed in February to advise you of the amount to be debited from your account for February and April instalments. In June, when the budget is passed and an actual tax rate is established, a Final Tax Notice will be mailed so that you are aware of the date and amount of each debit for the final two instalments for the year.

MONTHLY PAYMENT PLAN

Automatic debit of your bank account on the last business day of each month from September to August. **No deductions will be made in December.** No missed due dates or late payment charges. No waiting in line or postage costs.

How does this plan work?

This plan will provide you with the convenience of budgeting for your property taxes in eleven (11) monthly payments.

Once properly enrolled, a notice will be mailed to advise you of the monthly amount to be withdrawn from your bank account for the months of September to November, and January to April. This amount will be based on the previous year's taxes. In May, when the budget is passed and an actual tax rate has been established, the monthly debit will be adjusted to an amount required to clear your tax account by August. You will receive your Final Tax Notice so that you are aware of the date and amount of each debit for May to August.

HOW DO I JOIN A PLAN?

1. Complete the "Pre-Authorized Tax Payment Authorization Form" on the reverse, which allows the City to automatically withdraw the applicable payment directly from your Bank, Trust Company or Credit Union account.
2. Indicate which plan you wish to enroll in by checking the appropriate box.
3. Attach a cheque marked "VOID" to your completed application form and send to The City of Thorold, Finance Department, P.O. Box 1044, Thorold ON L2V 4A7.

Termination of the Plan

- You may cancel your participation in the plan at any time by advising the Finance Department, a minimum of seven (7) working days prior to the due date.
- The Director of Finance may cancel the privilege of continuing the plan if two payments fail to be honoured in the calendar year.
- Upon cancellation, penalty will be charged on any overdue balance.

CITY OF THOROLD
AUTHORIZATION FORM

Form 1

By-Law 1993 (95)

PRE AUTHORIZED -



TAX PAYMENT

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO: CITY OF THOROLD, FINANCE DEPARTMENT
P.O. BOX 1044, 3540 SCHMON PKWY, THOROLD, ON, L2V 4A7 905-227-6613

- INSTALMENT PLAN:** For my convenience, I choose an automatic debit on the due date.
- MONTHLY PLAN:** For my convenience, I choose automatic debits on the last business day of each month, September to November and January to August
- VOID Cheque is enclosed**

Name(s): LAST- _____ FIRST- _____

MAILING ADDRESS- _____

CITY- _____ PROVINCE- _____ POSTAL CODE- _____

TELEPHONE- _____

I(we) hereby authorize The Corporation of the City of Thorold to debit my/our Tax Account No.: _____

Roll No.: _____ Property Location: _____

Terms and Conditions

I(we) authorize the payee to debit my(our) account as indicated on the enclosed "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) acknowledge that delivery of my(our) authorization to the payee constitutes delivery by me(us) to the branch of the financial institution at which I(we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I(we) will notify the Payee in writing of any changes in the account information or termination of this authorization (7) seven business days prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me(us) to the branch of account within 90 days.

A) I(we) never provided authorization to the payee. B) The preauthorized debit was not drawn in accordance with my(our) authorization. C) My(our) authorization was revoked. D) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I(we) warrant that all persons whose signature(s) are requested to sign on the account have signed this agreement. I(we) acknowledge that I(we) have read and understand all the provisions contained in the terms and conditions of the preauthorized payment authorization, and that I(we) have received a copy.

SIGNATURE(S): _____ DATED: _____

_____ DATED: _____

Notes:

1. For joint accounts, all depositors must sign if more than one(1) signature required.
2. Separate forms must be completed for each property.

FOR OFFICE USE ONLY

TRANSIT NO.

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ACCOUNT NO.

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ROLL NO.

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Payment Code _____ Bank Code _____

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990 and will be used to process your application to participate in the City of Thorold Preauthorized Payment Plan in accordance with Policy No. 300-10. Questions about this collection should be directed to: Freedom of Information Co-Ordinator, Office of the Clerk, 3540 Schmon Pkwy, Thorold, ON, L2V 4A7 905-227-6613.