THE CORPORATION OF THE MUNICIPALITY OF HURON EAST

PRE-AUTHORIZED PAYMENT PLAN ENROLMENT FORM

Phone: 519-527-0160 Fax: 519-527-2561

How Does the Plan Work?
The Pre-Authorized Payment Plan enables you to pay your tax bills directly from your bank account. The Municipality does not charge for this service; however normal bank service charges may apply. All accounts must be in good standing prior to enrolling in a Pre-Authorized Payment Plan.

Choose the Plan that's Right for You:

Option 1: Monthly
This plan runs from January to December with withdrawal on 1st day of each month. The first nine monthly payments are based on the previous year's tax levy. The final three monthly payments are adjusted to reflect the actual taxes for the year. You will be notified of any changes in your monthly withdrawal amount.

Option 2: Installment Due Dates
Your bills will be sent to you as usual. The installment amount will be withdrawn from your account on the installment due date. To have the plan in place for the current tax installment, please ensure this application is received in our office at least 15 days before the first due date.

What if I change chequing accounts?
If you change your bank account, a new void cheque is required at least TWO WEEKS prior to the next payment date.

How can the plan be terminated?
You may withdraw from the Plan by giving written notice at least TWO WEEKS prior to the next payment date. If two withdrawals from your account fail to be honoured by your financial institution the Tax Dept. may cancel the agreement. You will be assessed the Municipality's normal NSF administration fee. If you withdraw from the Plan or your Plan is cancelled, all unpaid taxes become due and payable, and are subject to the standard penalties.

Any Questions?
If you have any questions about this Plan, please call the Tax Department at 519-527-0160

_____ Name	_____ Property Address
_____	
_____ Mailing Address	_____ Roll Number

I/we hereby authorize the Municipality of Huron East by way of Pre-Authorized withdrawal to debit my bank account by the amount of my tax payment as indicated below. This authorization will remain in effect until the Municipality of Huron East has received notification of cancellation from the undersigned, or until the Municipality of Huron East has sent the undersigned notice of termination of the agreement.

Please check (√) one of the following options (PLAN)

☐ INSTALLMENT DATE PLAN (4 payments) (Installment Dates – March, June, Sept. November) EFFECTIVE DATE: _____	☐ MONTHLY PLAN (First Business Day of Each Month) EFFECTIVE DATE: _____ AMOUNT: _____

Name of Bank, Trust Company or Financial Institution _____

Branch Address: _____

Account No: _____ _____ _____

Branch Inst. Acct. Number
Complete Account Number (As indicated on personal cheque)

FOR BANK VERIFICATION PURPOSES, PLEASE ENCLOSE/ATTACH A BLANK PERSONAL CHEQUE MARKED "VOID". For joint accounts, <u>all</u> depositors must sign this form, if more than one signature is required on cheques issued against this account.

DATE: _____

TELEPHONE NUMBER: _____ **SIGNATURE**: _____