



Pre-Authorized Payment Plan for Arrears Authorization Form

Name:

Roll #:

Address:

City:

Postal Code:

***Negotiated Payment per Month:**

- see note 8 below for details

I/We hereby authorize my/our Financial Institution :

Name of Financial Institution:

Branch Address:

City:

Postal Code:

Account #:

Please Note the Township of Scugog's Terms to this Agreement

- 1) For verification purposes, please enclose one of your personal cheques marked 'VOID'.
- 2) For a joint bank account, all depositors must sign if more than one signature is required on cheques issued against the account.
- 3) Withdrawals are made on the 15th day of each month. (prior business day if the 15th falls on a weekend/holiday)
- 4) The tax office must be notified by the 1st business day of the month in order to enroll, cancel, or change banking details of any Pre-Authorized Payment Plans.
- 5) Penalty charges of 1.25% will continue be applied on the 1st business day of each month, with no monthly reminder notice. Please refer to your interim and final tax bills for current account information.
- 6) One (1) Annual statement can be requested free of charge for updated account information.
- 7) Returned payments will be charged a return fee, two (2) returned payments will result in termination from the plan.
- 8) Monthly payment amounts must be approved by the Manager of Tax and Revenue or Treasurer prior to enrollment, with an annual review of monthly withdrawals to reflect balance status. This payment must be high enough to cover monthly penalty charges, current years' levy, as well as a portion of the arrears balance. The maximum timeline allotted for accounts to become current is five (5) years.

I/we have read/accept the Township of Scugog's Terms to this Agreement

Signature:

Signature (2) if Applicable:

Date:

Email:

Phone #: