



APPLICATION FOR SELF DIRECTED PRE-AUTHORIZED PAYMENT PLANS (PAP) for Property Taxes

Self-Directed Plan (Accounts in Arrears)

- ❖ This plan is for accounts that have outstanding tax arrears. Penalty and interest continues to accrue while the account has unpaid taxes. Each payment is first applied to outstanding penalty & interest, then to any other charges added as taxes (such as water arrears), then the balance towards property taxes.
❖ The monthly payment to be deducted will be withdrawn on the 15th of the month.
❖ Payments per month are based on an amount that is agreeable to both the Tax-payer and the tax division.
❖ The taxpayer agrees to pay the monthly amount plus due dates at the time of owing.
❖ Eligibility is based on account being in arrears and you wish to clear them up. A maximum of two (2) year time frame from the start date.

General Information:

- ❖ Enrolment is voluntary, and may be cancelled at the taxpayers' request, upon written notice at least three (3) business days prior to the 15th of the month. Withdrawals made without the required cancellation notice will not be refunded.
❖ Notice of changes in bank account to be debited must be supplied by written notice at least three (3) business days prior to the next scheduled withdrawal.
❖ Dishonored payments (NSF, etc.) will be subject to penalty, interest and service charges. Due-Date payments that are returned must be replaced within 10 business days.
❖ If there are two consecutive, or three dishonored payments in a 12-month period, Payor will be removed from the PAP plan for a period of one year from the last dishonored payment.
❖ If you receive a Supplementary or Omitted tax bill for new or additional tax charges, these billings are not debited automatically, and must be paid separately on their indicated due-dates.
❖ This is a Personal PAD agreement under Rule H1 of the Canadian Payment Association:

Recourse/Reimbursement Statement

"You [or I/We, depending on the context] have certain recourse rights if any debit does not comply with this agreement. For example, you [I/we] have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your [my/our] recourse rights, [I/we may] contact your [my/our] financial institution or visit www.cdnpay.ca."



Please deduct:
\$ _____
Each month

Tax Roll #: 2920- ___ - ___ - ___ - 0000
Property Address:Date:
Assessed Owners:
Mailing Address (if different)
..... Postal Code

I/we have read, understand and accept the terms and conditions herein, and consent to enrolling in the County of Brant's Pre-Authorized Tax Payment Plan. I/we authorize my/our Bank, Trust Company, Credit Union or other similar financial institution, to withdraw and issue payments payable to the Count of Brant for payment of municipal taxes. Payments will be taken from the account shown on the attached VOID cheque.

(For a joint account, if more than one signature is required on cheques, all persons must sign below.)

Signature : Print Name:

Signature : Print Name:

Telephone #'s: Home: Business:

BE SURE TO INCLUDE A CHEQUE MARKED " VOID " WITH THIS FORM.