



PRE-AUTHORIZED TAX PAYMENT PLAN

THE CORPORATION OF THE TOWNSHIP OF CRAMAHE PRE-AUTHORIZED APPLICATION AND AUTHORIZATION FORM

What is Pre-Authorized tax payment?

Monthly Payment Plan: Our pre-authorized debit plan allows your tax payments to be made automatically from your bank account, on the 15th day of each month and credited toward your tax account. You make 10 EQUAL MONTHLY PAYMENTS beginning February 15th; and the 10th payment on November 15th will complete your payment for the balance of the taxation year. Please note, the system will automatically recalculate your payment amount prior to your final bill being sent out. The new amount will begin once final bills are processed.

Due Date Method: You may wish to opt for the Due Date Method, which allows for the actual tax installments to be debited from your bank account on the tax due dates and credited to your tax account.

How can you join?

1. Make sure your taxes are paid in full
2. Complete and sign this enrollment/authorized form
3. Attach your personal blank cheque marked "VOID"
4. Deliver/mail this form and voided cheque to our Municipal Office

*****Application and cheque must be received no later than January 28th in order to start the process and have your funds put towards the current year's taxes.**

****All future bills will be paid through pre-authorized payment unless cancelled in writing at least fifteen working days prior to payment date; this includes all cancellations of payment plan or any account information changes. Accounts will be removed from the Pre-Authorized Payment Plan once two (2) payments have been returned NSF. **If there is a supplementary billing this is not applicable.**

I/We authorize the Township of Cramahe to debit my/our account indicated for all estimated property taxes payable to the Township of Cramahe:

(Please check a plan)

- DUE DATE
- TEN MONTHLY PAYMENTS

Signature _____ Co-signature _____

A Second Signature is only required where more than one signature is required on cheques used against this account.

Owner Name _____

Property Roll Number _____

Property Address _____

Mailing Address _____

Home Phone No. _____ Business No. _____

For Office Staff:

Date Filled: _____ Initials: _____

Date Entered: _____ Initials: _____