
APPLICATION FOR MONTHLY PRE-AUTHORIZED PAYMENTS (PAP) for PROPERTY TAXES

(Regular) MONTHLY PAP PLAN (FOR ACCOUNTS NOT IN ARREARS)

- The 12 monthly payments for the taxation year begin on January 1 and end on December 1 of the taxation year. The first eight payments are based on 1/12 th of your total prior-year taxes. Deductions will be made from the taxpayer's bank account on the first business day of each month. Taxpayers will be notified during December of the monthly amount to be deducted beginning January 1. When the Final tax bill is prepared in August, the taxpayer will be notified of the revised monthly payment required to pay the balance of the annual taxes by December 1 of the taxation year.
- To join at any other time, or if your taxes are not currently up to date, you must call for details.
- Enrollment may be cancelled at the Taxpayers' request, upon written notice at least ten (10) business days prior to the next scheduled withdrawal.
- Notice of changes in bank account to be debited must be supplied by written notice at least ten (10) business days prior to the next scheduled withdrawal.
- Enrollment may be cancelled at the Township's option if payments are dishonored.
- Dishonored payments (NSF, etc.) will be subject to penalty, interest and service charges as applicable. • If you receive a Supplementary or Omitted tax bill for new or additional assessment changes, these billings will not be added to your monthly payment, but must be paid separately on their indicated due dates.

This authority is to remain in effect until The Township of Wellesley has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample cancellation form or more information on your right to cancel a PAD Agreement at your financial institution or by visiting www.cdnpay.ca

The Township of Wellesley may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to you.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim or for more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca Please complete the attached form and return it to The Township of Wellesley.

Please keep this page for your reference. PLEASE COMPLETE THE PRE-AUTHORIZED DEBIT (PAD)

PLAN AGREEMENT BELOW Roll #3024-_____-_____-_____ I/we authorize the Township of Wellesley and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments, for payment of all charges arising under my/our Township of Wellesley Tax Account. Regular monthly payments for the monthly portion of my/our property taxes will be debited to my/our specified account on the 1st business day of each month. The Township of Wellesley will provide 10 days written notice of the amount of each regular debit. The Township of Wellesley will obtain my/our authorization for any other one-time or special debits. This authority is to remain in effect until The Township of Wellesley has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca The Township of Wellesley may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca PLEASE PRINT TODAY'S DATE: _____ Assessed

Owner(s): _____ Type of Service: Personal__ Business__ Property
Address: _____ Mailing Address

_____ City/Town
_____ Province: _____ Postal Code _____ (IF ATTACHING A

VOID CHEQUE THE BANKING SECTION DOES NOT NEED TO BE COMPLETED) FINANCIAL INSTITUTION

(FI): _____ FI

Account Number: _____ FI Transit Number:

_____ (Branch – 5 digits; FI – 3 digits) Address of Bank:

_____ City/Town:

_____ Province _____ Postal Code _____ I/we have read,

understand and agree to the terms and conditions herein, and consent to enrolling in the

Township of Wellesley's (Regular) Monthly Pre-Authorized Tax Payment Plan. I/we authorize

my/our Bank, Trust Company, Credit Union or other similar financial institution, to withdraw and

issue monthly payments payable to the Township of Wellesley for payment of municipal taxes.

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

below.) Authorized Signature(s): _____

Print Name: _____

Telephone #'s: Home: _____ Business: _____

Email Address: _____ BE SURE TO INCLUDE A CHEQUE

MARKED "VOID "WITH THIS FORM Township of Wellesley 4639 Lobsinger Line, R. R. #1, St.

Clements, ON NOB 2M0 519-699-4611 E-mail: taxes@wellesley.ca