

MUNICIPALITY OF TWEED

255 Metcalf Street, Tweed, Ontario K0K 3J0

Tel: (613) 478-2535 Fax: (613) 478-6457

Pre-Authorized Payment Plan (PAP)

Property Tax – Owner Authorization

ACCOUNT HOLDER INFORMATION			
Owner 1		Owner 2	
Property Address		Mailing Address (if different than Property Address)	
City/Town	Postal Code	City/Town	Postal Code
Phone Number		Phone Number	

Property Tax Roll Number 1231-____ - ____ - _____ - 0000
--

FINANCIAL INSTITUTION		
Name of Financial Institution		
Address (Street Name & Number	City/Town	Postal Code

ACCOUNT INFORMATION
_____ VOID CHEQUE IS ATTACHED IN ORDER FOR MY (OUR) BANKING INFORMATION TO BE VERIFIED

PAYMENT PLAN TYPE
_____ PAYMENT PLAN 1 (12 MONTH PLAN) I/We wish to make monthly payments in the amount of \$ _____ with the understanding that a penalty of 1.25% will be added to any outstanding monthly principal. Payments will be drawn on my (our) account on the first Friday of each month.
_____ PAYMENT PLAN 2 (DUE DATE PLAN) I/We wish to be debited from my account the amount of the tax instalment due on the particular due date, as indicated on the tax bill provided to me (us) by the Corporation of the Municipality of Tweed, may be drawn on my (our) account on the appropriate instalment due date.

MUNICIPALITY OF TWEED

255 Metcalf Street, Tweed, Ontario K0K 3J0
Tel: (613) 478-2535 Fax: (613) 478-6457

Pre-Authorized Payment Plan (PAP)

I (we) as the account holder (s), authorize the Municipality of Tweed and the above noted financial institution to debit my (our) account, at the above indicated branch of the Financial institution, under terms and conditions agreed to me (us) with the Municipality of Tweed until such a time as written notice to the contrary is given by me (us) to the Municipality of Tweed.

The branch of the financial institution at which I (we) maintain the account is not required to verify that the payment is drawn in accordance with this authorization.

I (we) will notify the Municipality of Tweed in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit. If the debit is returned for any reason, I (we) understand that the PAP privilege will be rescinded, normal installment payments will commence and any applicable penalties and NSF fee of \$50.00 will be charged.

Signature of Account Holder

Date

Signature of Account Holder

Date