



56 Queen Street,  
 Port Hope ON L1A 3Z9  
 Tel: 905-885-4544  
 Fax: 905-885-1807  
 Web: www.porthope.ca

## Pre-Authorized Property Tax Payment Plan Enrolment Application Form

Name(s)	Telephone (daytime)	Telephone (evening)
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Roll Number	Property Address
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Name of Financial Institution	Branch Address	Branch Postal Code
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Bank Transit Number	Bank Number	Bank Account Number
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**Please include an unsigned personalized cheque or bank encodes slip for the accounts from which you want the Municipality to withdraw your tax payments. Write "VOID" in ink across the face of the cheque or pre-authorized transaction slip.**

Choose one payment plan option:

Due Dates As They Occur

Starting \_\_\_\_\_

12 Monthly – 1<sup>st</sup> day of month

Starting \_\_\_\_\_

**I/We agree to the following conditions:**

- *By enrolling in the Pre-Authorized Tax Payment Plan, I am authorizing the financial institution identified above to withdraw and issue tax payments payable to the Municipality of Port Hope.*
- *I will notify the Municipality of Port Hope promptly in writing of changes of my financial institution, branch or account. If I am changing ownership of the property and/or need to cancel these pre-authorized payment arrangements, I will notify you in writing giving at least 21 days notice.*
- *The Municipality reserves the right to cancel these payment arrangements with written notice to you.*
- *If two payments in the same taxation year fail to be honoured, the Director of Finance may cancel enrolment in the Plan.*
- *Each payment that is not honoured from my account under the Plan will be assessed the Municipality's current administration fee. I am aware that the Municipality will not retry a returned NSF payment. This payment **must** be paid by the end of the month in which it occurred.*
- *I will receive written notification from the Municipality as adjustments are made to the withdrawal amount due to new billing, or otherwise.*
- *I am protected against a loss due to error, fraud or misrepresentation, provided that I notify the financial institution identified above of the problem within 90 days of the date the payment was charged to my account.*
- *I understand that, after my enrolment in the Plan has been approved, I will receive from the Municipality of Port Hope, a notice of the amount of the withdrawal.*

*Once I have received notice of the amount of the withdrawal, I will check my account statement/passbook regularly to confirm that withdrawals are being made in accordance with the authorization I have signed with the Municipality of Port Hope.*

I have read the above and hereby authorize my financial institution to debit my account based on the Municipality of Port Hope Pre-Authorized Tax Payment Plan for the purpose of paying taxes with respect to the properties as noted above.

Signature(s) *For accounts requiring multiple signatures, the minimum signatures must be provided.*

Date

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