



MUNICIPALITY OF

**PORT HOPE**

FINANCE

56 Queen Street Port Hope, ON L1A 3Z9 | t: 905.885.4544 | f: 905.885.1807 | tax@porthope.ca

# Property Tax - Pre-Authorized Payment Plan Enrollment

**Name: \***

**Telephone number: \***

**Email Address: \***

**Roll Number:**

**Municipal Address (Including Postal Code): \***

**Are you the current owner of the property noted above? \***

- ☐ Yes  
☐ No

**If you are not the current owner of the property noted above, please indicate the date of possession:**

**Please choose one payment plan option: \***

- ☐ 12 Monthly (1st business day of the month)  
☐ Due dates as they occur (4 times a year)

**Effective Date (MM/DD/YYYY): \***

**Please include an unsigned personalized cheque or bank encodes slip for 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. \***

# Pre-Authorized Payment Plan Conditions

I agree to the following conditions:

- By enrolling in the Pre-Authorized Payment Plan for taxes, I am authorizing the financial institution identified to withdraw property 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 of Port Hope reserves the right to cancel these pre-authorized payment arrangement with written notice to you.
- If two (2) payments in the same calendar year fail to be honoured, the Director of Finance may cancel enrolment in the plan. Each payment that is not honoured from the account under the plan will be assessed by 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 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 withdrawal and will receive written notification from the Municipality as adjustments are made to the withdrawal amount due to new billings 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.
- Once I have received notice of the amount of withdrawal, I will check my account statement 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 attached conditions and hereby authorize my financial institution to debit my account based on the Municipality of Port Hope Pre-Authorized Payment Plan for the purpose of paying taxes with respect to the properties noted above. \***

**Date: \***

Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.

## Staff Use Only

**Customer ID:**