



## Pre-Authorized Tax Payment Plan Enrolment Form

Name(s)	Telephone (home)	Telephone (work)
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Roll Number	Property Address <i>(please include postal code)</i>
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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 deposit slip for the account from which you want the City to withdraw your tax payments. Write "VOID" in ink across the face of the cheque or deposit slip.**

Choose **one** payment plan option:

<input type="checkbox"/> <b>Due Dates As They Occur</b> Starting _____	<input type="checkbox"/> <b>Monthly</b> Starting _____ Amount _____ <input type="checkbox"/> 1 <sup>st</sup> OR <input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> <b>Semi-monthly</b> Starting _____ Amount _____ 1 <sup>st</sup> AND 15 <sup>th</sup>	<input type="checkbox"/> <b>Arrears</b> Starting _____ Amount _____ <input type="checkbox"/> 1 <sup>st</sup> or <input type="checkbox"/> 15 <sup>th</sup> , OR <input type="checkbox"/> 1 <sup>st</sup> and 15 <sup>th</sup>
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- By enrolling in the Pre-Authorized Payment Plan, I agree to the following terms, and authorize my financial institution identified above to withdraw property tax payments payable to the City of Oshawa (the City) at the specified intervals.
- I understand that, after my enrolment in the Plan has been approved, I will receive written notice of the withdrawal amount from the City of Oshawa. Additionally, I will receive written notification from the City as adjustments are made to the withdrawal amount due to new billing, or otherwise.
- Once I have received notice of the amount of the withdrawal, I will check my bank account regularly to confirm that withdrawals are being made in accordance with the authorization I have signed with the City of Oshawa.
- Each payment that is not honoured from my account will be assessed an administration fee. The City will retry a returned payment approximately one week after the original return. If the retried payment does not clear, my next scheduled payment will be doubled and include the administration fee with prior written notice. Semi-monthly customers will have their next scheduled withdrawal at their regular rate, and the second payment following will be doubled and the administration fee added. Due Date customers will be notified in writing of their returned payment and when the next transmission will occur and the amount to be withdrawn.
- I will notify the City of Oshawa promptly in writing of changes to 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.
- I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. For more information, on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- I may obtain a sample cancellation form, or further information on my right to cancel a PAD agreement, at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
- The City 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 Manager, Revenue and Taxation Services may cancel enrolment in the Plan. The "Arrears Plan" automatically ends after the December withdrawal each calendar year unless otherwise notified. Arrears Plan customers are required to contact Revenue and Taxation Services before December 15 each year to review account status and continuation for the following year. For arrears customers, the dollar amount is as approved by the Manager, Revenue and Taxation Services.

I have read the above and hereby authorize my financial institution to debit my bank account in accordance with the City of Oshawa Pre-Authorized Payment Plan agreement for the purpose of paying property taxes with respect to the property noted above.

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used to administer the Pre-Authorized Payment program. Questions concerning this collection should be directed to the City's Freedom of Information Co-ordinator at 905-436-3311.

<b>Signature(s)</b> For accounts in more than one name, all authorized signatures must be provided.	Date
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