



## ***The Natural Place to Be***

## PRE-AUTHORIZED PAYMENT PLAN - CHANGE TO EXISTING PLAN

I (We), would like to make changes to my existing enrollment in the Pre-Authorized Payment Plan for my property taxes. I have read, understood and accept the Terms and Conditions.

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Property Info:

1). 49-03-\_\_\_\_\_ -0000 Property Address: \_\_\_\_\_

2). 49-03-\_\_\_\_\_ -0000 Property Address: \_\_\_\_\_

3). 49-03-\_\_\_\_\_ -0000 Property Address: \_\_\_\_\_

Type of Change (Please select option) \_\_\_\_\_ Effective date of Change \_\_\_\_\_

Change to Banking Information (Please attach a void cheque or Pre-Authorized Debit form)

Switch Plan to:

Monthly Payment Plan (11 payments January to November)

**Installment Payment Plan (4 payments per year, February, April, July and September)**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

For joint accounts all depositors must sign if more than one signature is required on cheques issued against this account.

## PRE-AUTHORIZED PAYMENT AGREEMENT

### Automatic Tax Payment Withdrawal Terms & Conditions

1. I (We) authorize the payee to debit my (our) account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.
2. I (We) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account, and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
3. I (We) will notify the payee in writing of any changes in the account information or termination of this authorization 14 days prior to the next due date of the pre-authorized debit.
4. In the event any cheque or other order is not paid by the financial institution or any electronic transfer is not completed due to insufficient funds in the account or any other reason, you will be subject to a finance charge which will be added to your tax account.
5. I (We) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.
6. The Corporation of the Township of Seguin, may, at its sole option, cancel or suspend the right to pay the tax account pursuant to the authorization:
  - Without notice if any cheque or other order is not paid by the financial institution;
  - Without notice if any electronic transfer is not completed; or
  - Without notice upon notification of pending sale of property
  - Otherwise, on 14 days notice.
7. Only ratepayers with no arrears will be allowed to enroll in this pre-authorized plan.
8. The Installment Plan (ATIW) will consist of payments equivalent to the amounts shown on the Interim & Final Tax Bills, on the due dates shown.
9. The Pre-Authorized Monthly Payment Plan will begin in January for the current year's taxes. It will consist of 11 equal monthly payments. In June of each year, the Township will recalculate your payment plan and adjust the July to November payments to reflect the current year's actual taxes.