

CANTON D'ALFRED ET PLANTAGENET

TOWNSHIP OF ALFRED AND PLANTAGENET

PAYOR'S AUTHORIZATION FOR THE PRE-AUTHORIZED PAYMENTS (PAP) OF MUNICIPAL TAXES – Date Due

 Payor Inforr 	mation (in print letters) ROL	.L #:
I/We warrant	t and represent that the following in	nformation is accurate.
Prefix	Surname	First Name
FIGUA	Julianie	1 ii St Naiiie
Street Address		
Prefix	Surname	First Name
Name of Payor's I	Financial Institution (the "Proces	ooing Mombor")
Name of Payor Si	Financial Institution (the "Proces	ssing wember)
Street Address		
01100171001000	_	
Town	Postal Code	Telephone

I/We have attached a specimen cheque marked "VOID" to this "Payor's Authorisation".

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAP.

205, vielle route 17 / 205 Old Highway 17 C.P. 350 / P.O. Box 350 Plantagenet, ON K0B 1L0

Telephone: (613) 673-4797 www.alfred-plantagenet.com

2. Payee

Name of Payee

Township of Alfred and Plantagenet

Street Address

205 Old Highway 17, P.O. Box 350

Town	Postal Code	Telephone
Plantagenet, ON	K0B 1L0	(613) 673-4797

- 3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Member and is provided in consideration of the Processing Member agreeing to process debits against my/our account, as listed above in accordance with the Rules of the Canadian Payments Association.
- 4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
- 5. I/We hereby authorize the Payee to issue Pre-Authorized Payments as defined by the Canadian Payment Association's Rule H1, the PAP drawn on the Account, for the following purpose: MUNICIPAL TAXES *Date Due*.
- 6. I/We may cancel the Authorization at any time upon providing written notice to the Payee. If the property is sold, I/We acknowledge that we will notify the Township of the date of cancellation of the pre-authorized payments.
- 7. The Payee will provide to me/us, at the address provided in section 1.
 - a. With respect to fixed amount PAPs, written notice of the amount to be debited will be provided at least 10 calendar days before the Payment Date of the first PAP, and such notice shall be provided every time there is a change in the Payment Amount of the Payment Date(s).
 - With respect to variable amount PAPs, written notice of the amount to be debited will be provided at least 10 calendar days before the Payment date and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s)



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- 8. The Payee may issue a PAP in a dollar amount up to a maximum of 50% of the previous year taxes on March 31st of each year.
 - Once final taxes are known, the Payor will be informed of the new PAP payable on June 30th and September 30th by the notice of the final tax bill sent at the beginning of June of each year.
- Revocation of the Authorization does not terminate any contract for goods or services
 that exists between me/us and the Payee. The Authorization applies only to the method
 of payment and does not otherwise have any bearing on the contract for goods or
 services exchanged.
- 10. Any taxpayer opting for pre-authorized payments and return with insufficient funds, upon written notice from the township, will be excluded from the program.
- 11. I/We have certain recourse rights if any payment does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

I/We understand and accept the terms of participating in this PAP plan.

Signature of account holder and joint account holder (if applicable)

Signature	Date
Signature	Date