

CANTON D'ALFRED ET PLANTAGENET

TOWNSHIP OF ALFRED AND PLANTAGENET

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

 Payor information (in 	print letters) ROLL #:		
I/We warrant and repre	esent that the following informatio	n is accurate.	
Prefix	Surname	First Name	
Street Address			
Street Address			
Prefix	Surname	First Name	
Name of Payor's Financial Institution (the "Processing Member")			
Street Address			
Town	Postal Code	Tolonhono	
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



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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 *Payable Monthly.*
- 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).
 - b. 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 \$ from January 1, 20 to June 1, 20			
	Once final taxes are known, the Payor will be informed of the new PAP payable from July 1, 20to October 1, 20			
9.	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, upor written notice from the township, will be excluded from the program. 			
11.	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			