

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

1. **Payor** - *please print*

ROLL # : _____

I/We warrant and represent that the following information is accurate.

Mr./Mrs/Ms./Miss	Surname	First name
Street		
Town	Postal Code	Telephone
Name of Payor's Financial Institution (the "Processing Member")		
Street		
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.

2. **Payee** - *please print.*

Name of Payee		
Township of Alfred and Plantagenet		
Street		
205 Old Highway 17, 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 or the Payment Date(s).
 - b) With respect to variable amounts 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).

8. The Payee may issue a PAP in a dollar amount up to a maximum of \$_____ from January 1st, 20____ to June 1st, 20_____.

Once final taxes are known, the Payor will be informed of the new PAP payable from July 1st, 20____ to December 1st, 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. 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