

# Pre-Authorized Debit Plan Agreement - Property Tax

Property Roll Number: 42-59- \_ \_ \_ - \_ \_ \_ \_ - 0000

Send the completed Pre-Authorized Debit Plan Agreement **with a void cheque, copy of void cheque or a pre-authorized debit form** from your bank:

**By mail:** Tax Department City of Owen Sound 808 2<sup>nd</sup> Ave East Owen Sound, ON. N4K 2H4

**By Fax:** 519-371-0511

**By Email:** [tax@owensound.ca](mailto:tax@owensound.ca)

**Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

*(If different from the property address)*

**Phone Number: (mobile)** \_\_\_\_\_ **(home)** \_\_\_\_\_

**You, The Payor, authorize The City of Owen Sound to debit the bank account identified above for the following:**

**12 MONTH BUDGET PLAN**

15<sup>th</sup> of the Month

**10 MONTH BUDGET PLAN**

30<sup>th</sup> of the Month

**INSTALLMENT ONLY PLAN**

Four (4) Payments

\$ \_\_\_\_\_ per Month. Start Date for Pre-Authorized Payment Plan: \_\_\_\_\_

*Monthly payment amount will be re-calculated in June & again in December for the following tax year.*

*Installment amount shall be as calculated on the Interim Tax Billing Date and the Final Tax Billing Date of each year.*

**\* To be eligible to enroll in any of our PAD Plans there must be no outstanding arrears on your tax account**

I/we authorized the City of Owen Sound, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular recurring payments on the due date of my/our city of Owen Sound property tax account(s).

The City of Owen Sound will provide details of the amount payable for providing tax bills. My/Our account will be debited on the date and for the amount detailed on my/our bill(s). Where payment(s) have already been made against my/our account, which have reduced the amount owing as detailed in my/our tax bill(s), only the amount still owing will be debited to my/our account.

This authority is to remain in effect until The City of Owen Sound Tax billing department has received written notification from me/us of its change or termination. This notification must be received at least (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Plan agreement at my/our financial institution or by visiting our website at [www.owensound.ca](http://www.owensound.ca).

The City of Owen Sound may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. For more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

## TO SIGN UP FOR EBILLING:

Email Address: \_\_\_\_\_

\* I agree to sign up for electronic billing of my tax account. By signing up for tax e-billing, I agree to the billing and collection practices as established by the City of Owen Sound

*You will no longer receive a paper copy of your bill. It is your responsibility to notify the City of Owen Sound if your email changes.*

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

**For assistance, or further information  
please call 519-376-4440 ex. 1249 or  
email [tax@owensound.ca](mailto:tax@owensound.ca)**

**owen  
sound**  
where you *want* to live