

Banking Information Change Request – Property Taxes

Effective Date: _____
Tax Roll Number: 4259- _____ -0000

Send the completed Pre-Authorized Debit Plan Change Request 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 2nd Ave East Owen Sound, ON. N4K 2H4
By Fax: 519-371-0511
By Email : tax@owensound.ca

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 property 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 property 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 Property Tax 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.

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.

PLEASE COMPLETE THE FIELDS, THEN PRINT AND SIGN

Names(s): _____ Email Address: _____

Tax Roll Number: _____ Type of Service: Personal Business

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Phone Number: (Bus.) _____ (Res.): _____

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

