

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 2nd Ave East Owen Sound, ON. N4K 2H4

By Fax: 519-371-0511

By Email: 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

15th of the Month

INSTALLMENT ONLY PLAN

Four (4) Payments

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.

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.

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**

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