



CITY HALL: 58 Dalhousie Street
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APPLICATION FOR MONTHLY PRE-AUTHORIZED PAYMENTS (PAP) for PROPERTY TAXES

City of Brantford By-Law Number 53-94 (As Amended)

MONTHLY PAP PLAN (FOR ACCOUNTS NOT IN ARREARS)

- The 12 monthly payments for a taxation year begin in December of the prior year, and ends in November of the taxation year.
The first seven payments are based on 1/12th of your total prior-year taxes.
To join at any other time, you must pay your taxes up to the point-in-time of enrollment, so that you have paid the equivalent amount as if having been enrolled as of the prior December.
Enrollment is not available if taxes are in arrears.
Enrollment is voluntary and may be cancelled at the Taxpayers' request, upon written notice at least five (5) business days prior to the next scheduled withdrawal.
Notice of changes in bank account to be debited must be supplied by written notice at least five (5) business days prior to the next scheduled withdrawal.
Forms for cancellation or change of information are available at the tax office, or on the City website.
Dishonored payments (NSF, etc.) will be subject to penalty, interest and service charges as applicable.
If there are two consecutive, or three dishonored payments in a 12-month period, Payor will be removed from the PAP plan for a period of one year from the last dishonored payment.
If you receive a Supplementary or Omitted tax bill for new or additional tax charges, these billings will not be added to your monthly payment, but must be paid separately on their indicated due-dates.

Recourse/Reimbursement Statement

"You [or I/We, depending on the context] have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-Authorized Debit (PAD) Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca."

(Detach and return the form below)

Choose Date of Payment (check box): [] 1st day of the month [] 15th day of the month

Roll #: 2906- - - - - 0000 Tax Account #: - - - - - Date: - - - - -

Property Address:

Assessed Owners:

Mailing Address (if different)

Postal Code

I/we have read, understand and agree to the terms and conditions herein, and consent to enrolling in the City of Brantford's Monthly Pre-Authorized Tax Payment Plan. I/we authorize my/our Bank or other similar financial institution, to withdraw and issue monthly payments payable to the City of Brantford for payment of municipal taxes. Payments will be processed on the first banking day monthly and will be taken from the account shown on the attached VOID cheque.

(For a joint account, if more than one signature is required on cheques, all persons must sign below.)

Signature : Print Name :

Signature : Print Name :

Telephone #'s: Home: .. Business :

BE SURE TO INCLUDE A CHEQUE MARKED " VOID " WITH THIS FORM

This is a PAD agreement for Personal Use under Rule H1 of the Canadian Payments Association.

For Office Use Only:

Start Date _____ Catch up Payment Req. \$ _____ Payment Made _____