



Pre-Authorized Debits (PAD) for Property Taxes

Mailing Address

20 Third Street, PO Box 70
Keene, ON K0L 2G0

Phone: 705-295-6852

Fax: 705-295-6405

Email: eandrus@osmtownship.ca

Enrolment, Bank Account Changes and Program Cancellation

To enroll, make changes to your application or withdraw from the program, your application or written notice is required a minimum of 15 days prior to the next scheduled withdrawal.

Selling your property?

We must receive notification in writing at least 15 days prior to the next payment that you would like your preauthorized payments to be cancelled. If you are purchasing a new property within the Township, you will need to fill out a separate form.

Returned payments

An administrative fee of \$25.00 will be applied to your account for payments not cleared by your financial institution. If the payment is not replaced before the end of the month, it will be withdrawn in addition to the next month's payment. If there are two returned payments, you will be removed from the PAD plan and all unpaid taxes will become due immediately.

Other Questions

Answers to other frequently asked questions regarding pre-authorized payments can be found on the Township website at www.osmtownship.ca/FAQ.

Terms and Conditions

- I/We understand that this agreement will remain in effect until I/we notify the Township of Otonabee-South Monaghan in writing of its change or termination.
- I/we understand that this agreement is non-transferable and will be cancelled upon receipt of a registered transfer confirming a change of ownership.
- I/We understand that notification must be received at least fifteen (15) days prior to the next scheduled debit and that the notice must be sent to the Township address indicated on this form.
- **Upon cancellation, I/we understand that all unpaid taxes become due immediately.**
- I/we understand that if a returned payment is not replaced before the end of the month, it will be withdrawn in addition to the next month's payment.
- I/we understand that this agreement will be terminated by the Township if two (2) or more payments are not cleared by my/our financial institution. I/we understand that our account will be charged an administration fee for all returns in accordance with the Township by-laws.

Authorization

- I/we authorize the Township of Otonabee-South Monaghan (therein referred to as the Township) and the financial institution designated (or any other financial institution i/we may authorize at any time) to begin deductions as to the type of plan selected on this application (namely monthly, installment or arrears).
- 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. To obtain a form for a Reimbursement Claim or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca
- I/we acknowledge that the Township of Otonabee-South Monaghan will mail tax bills to the address shown on my/our tax account a minimum of 21 days before the first tax due date of the interim bill and the final bill.



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Please read all information on the first page before filling out this form. You will receive a letter confirming payment amounts before your first withdrawal.

Applicant Information (Please fill out all information.)	
Name:	Roll Number: 15-06-
Name:	
Mailing Address:	
Property Address:	
Phone:	E-mail Address:

Payment Plan (Please select how you would like payments to be withdrawn from your account.)
<input type="checkbox"/> Installment (16 th of the month of installment date on tax bill, 4 payments per year)
<input type="checkbox"/> Monthly (15 th of every month, 12 payments per year)
<input type="checkbox"/> Arrears (15 th of every month, 12 payments per year)

Financial Information (Please fill out all information <i>or</i> attach a void cheque.)		
Institution Name:		
Institution #:	Transit #:	Account #:
Address:		
Financial Institution Employee Signature:		

Signature(s)

By signing this application, I/we agree to the conditions and authorizations of the pre-authorized debits plan as listed on the first page of this form.

Signature of applicant:	Date:
Signature of applicant:	Date:

Office Use Only

Date entered:	Initials:
Start date:	Payment amount:
Date cancelled:	Initials: