

FOR OFFICE USE ONLY

INITIAL AMOUNT

MONTHLY AMOUNT

START DATE



THE CORPORATION OF THE CITY OF THUNDER BAY - REVENUE DIVISION

Tax Authorization Form for Pre-Authorized Payment Plan

The 3 steps to starting your plan...

- 1** Fill out this form
- 2** Attach a voided cheque
- 3** Fax, mail or drop off to:
Revenue Division
City Hall, 1st Floor,
500 Donald St. E.
Thunder Bay, ON P7E 5V3
Tel: 1-807-625-2255
Fax: 1-807-623-4277

Name of Owner (s)	Roll Number
	Telephone Number
Property Address	

This authorization is for (check one) Personal Business

Before enrolling, please ensure all taxes owing to date on your account have been paid.

PLEASE CHECK OFF ONLY **ONE** OPTION AND **SIGN**:

I am selecting the **TAX DUE DATE OPTION**.

I, as the account holder, authorize the payee and my financial institution to debit my account for payment of my property taxes on due dates in an amount not to exceed my billing for each of the instalments. The City of Thunder Bay will mail my tax notices to me a minimum of 21 days in advance of such due dates as my pre-notification.

SIGNATURE * _____ DATE _____

SIGNATURE * _____ DATE _____

To ensure your next tax instalment is paid by this PAP Plan, the Revenue office **MUST** receive this completed form a minimum of **TWO WEEKS** prior to the next tax instalment due date.

OR

I am selecting the **TAX EQUAL MONTHLY PAYMENT OPTION**.

I, as the account holder, authorize the payee and my financial institution to deduct from my bank account an amount in payment of my property taxes commencing on the first day of the next month and continuing on the first day of each following month thereafter. Such deductions will be based on monthly estimates, being 1/12th of the annual estimated taxes; the sum of which on the last debit, will not exceed the total taxes for that year. The City of Thunder Bay will forward to me the regular bills at billing time, as well as notices 21 days prior to any changes in the monthly withdrawal amount. This does not include supplementary billings.

SIGNATURE * _____ DATE _____

SIGNATURE * _____ DATE _____

If you select the monthly option, you **MUST** contact us at 1-807-625-2255 prior to the first withdrawal from your account to obtain both the initial amount required to bring your payments up to date in the plan and the monthly amounts to be withdrawn from your account. The Revenue office **MUST** receive this completed form a minimum of **TWO WEEKS** prior to the anticipated start date of the plan.

* Please provide additional signatures, if more than one signature is required on cheques issued against the account.

For confirmation of enrolment, look for the message "PAP" on the instalment date of your next bill.

There will be a service charge for NSF transactions. Accounts will be removed from the plan after two such transactions.

This authorization may be cancelled or changes may be made at any time in writing, subject to providing notice two weeks before the due date of the next withdrawal. To obtain a sample cancellation form, or more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.cdnpay.ca.

You have certain 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 PAP Agreement. To obtain more information on your rights, contact your financial institution or visit www.cdnpay.ca.