



The Corporation of
THE TOWNSHIP of CARLING

2 West Carling Bay Road, Nobel, ON P0G 1G0
Phone: 705-342-5856 • Fax: 705-342-9527

Pre-Authorized Payment (PAP) Plan Application

Customer Information

Assessment Roll Number: 49-36-000-_____0000

Pre-Authorized Payment Program: Personal Business

Property Owner(s) _____

Property Address _____

Mailing Address _____

Phone (Home) _____ (Cell) _____

Designated Contact _____ Email _____

Pre-Authorized Payment Details: **Select your plan of choice**

2-Installment Plan

I, _____, authorize the Township of Carling to debit my bank account on **the due date** for the amount of my interim and final property taxes. This is a continual agreement until the Municipality is notified in writing to cancel this agreement. (See below)

10-Installment Plan

I, _____, authorize the Township of Carling to debit my bank account on the **15th calendar day of each month** or the next business day thereafter. Payments will begin January 15th and run through October 15th. This is a continual agreement until the Municipality is notified in writing to cancel this agreement. (See below)

Financial Institution Information

Please attach a voided cheque or pre-authorized debit form provided by your financial institution. (Required documentation).

Terms and Conditions

If there is a **change in banking information** such as a new account and/or closed account, please provide us in writing at least fifteen (15) business days prior to the next scheduled debit.

If your pre-authorized payment is returned due to **insufficient funds** (NSF), a returned fee and penalty/interest will be applied to your account. The Township may cancel your participation in this PAP plan if any two (2) automatic debits are returned due to insufficient funds (NSF).

Assessment changes may result in a Supplemental tax billing that will not be included in the payment plan and invoiced separately.

Your property tax account must not be in arrears in order to be signed up for the program.

Recourse Rights

You 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 PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca. NSF administration fees, returned payments, changes in assessment, and applicable penalty/interest may result in a change to your pre-authorized payment amount.

Cancellation Terms

This authorization may be cancelled upon notice by the registered owner(s) in writing to the Township of Carling at least fifteen (15) business days prior to the next scheduled debit.

Signature

I/We acknowledge that I/we have read and agree to the terms and conditions above.

Signature 1 _____ Date _____

Signature 2 _____ Date _____

Please provide all signatures that are required on cheques issued against the account.