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**CITY OF TEMISKAMING SHORES**  
**PRE-AUTHORIZED TAX PAYMENT PLAN**  
(Personal Pre-Authorized Debit Agreement)

Name: \_\_\_\_\_

Roll# : 5418 \_\_\_\_\_ 0000

Address: \_\_\_\_\_

Telephone (Home) : \_\_\_\_\_

(Work) : \_\_\_\_\_

**Monthly Installments:**

The monthly installment plan consists of monthly installments from January to November with December being a reconciliation month. The monthly installments will be withdrawn from your account on the last business day of each month. A notification of the amounts and dates of withdrawals will be sent to you a minimum of ten (10) days prior to implementation of any changes to your payments.

**Installment Due Date:**

The quarterly payment plan consists of four installments which will be automatically debited from your account on the date which tax installments are due and in the amount as indicated on the tax bill provided to you for your information.

If you wish to participate in this plan, please complete this form and return it, along with a **VOID** cheque, to the Municipal Office at 325 Farr Drive, or by mail at PO Box 2050, Haileybury, ON P0J 1K0. Should you have any questions please contact our office at (705) 672-3363.

A separate form **must** be completed for each tax roll number.

I hereby authorize the City of Temiskaming Shores, its officers and agents to draw cheques on the above account for payment of municipal taxes on the above noted property in the amount determined by by-law from time to time.

This authority is to remain in effect until the City of Temiskaming Shores has received written notification from me of its change or termination. This notification must be received at least fifteen (15) days before the next debit is scheduled at the address provided above. I may obtain a sample cancellation form, or more information on my right to cancel a PAP agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if joint account)