



PRE-AUTHORIZED PAYMENT (PAP) AUTHORIZATION FOR PROPERTY TAXES

To enroll in the pre-authorized payment plan, please complete this form and return it to:

The Township of Malahide
87 John Street South
Aylmer ON N5H 2C3
Phone: 519-773-5344 / Fax: 519-773-5334
Email: malahide@malahide.ca

PLEASE NOTE: ACCOUNT MUST BE PAID IN FULL BEFORE STARTING THIS AUTOMATIC PAYMENT OPTION

Monthly (1st of each month) **Semi-Monthly:** 15th and the 30th **Quarterly** Mar 15th /Jun 15th /Sept 15th /Nov 15th

Name(s): _____

Property Roll No: 34 08

Property Address: _____

Telephone: _____

I/We authorize the Township of Malahide 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.

This authority is to remain in effect until the Township of Malahide has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above.

I/We the Payor(s) may revoke this authorization at any time in writing, subject to providing notice of 10 days. For more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder: _____ Date: _____

Signature of Joint Account Holder (if applicable): _____ Date: _____

BANKING INFORMATION:

Branch/Transit # (5 digits) _____

Institution # (3 digits) _____

Account # (7 digits) _____

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 recourse rights, contact your financial institution or visit www.cdnpay.ca

ATTACH VOID CHEQUE HERE

