



MUNICIPALITY OF CALLANDER

PRE-AUTHORIZED PROPERTY TAX & WATER & WASTEWATER PAYMENT PLAN APPLICATION

Property Roll No#: 4966-000- _____
 (4966-000-xxxxxxxx-0000)

Water & Sewer (Wastewater) Account #: _____
 (xxx-xxxxxx-xxx)

Please return to:
 Municipality of Callander, 280 Main St. N., PO Box 100, Callander, ON P0H 1H0
 or fax with a copy of VOID cheque to (705) 752-3116 or e-mail to finance@callander.ca

PROPERTY TAXES PAYMENT OPTIONS	
MONTHLY PLAN _____ 5 TH DAY OF EACH MONTH	INSTALLMENT PLAN _____ 4 withdrawals per year Feb 28 – March 31 June 30 – July 29

WATER & SEWER (WASTEWATER) PAYMENT OPTIONS
ON DUE DATE _____ Quarterly Billing

Name:	Civic Address:
Tel: Home	Tel: Work
e-mail (not mandatory):	
Property Taxes Approved Monthly Payment \$ (Finance Department to calculate and to notify ratepayer of monthly payment)	

Kindly contact the Municipal Office at (705) 752-1410 for further information.

**PRE-AUTHORIZED PROPERTY TAXES &
 WATER & SEWER (WASTEWATER)
 PAYMENT APPLICATION PLANS**

The following **TERMS and CONDITIONS** apply to the Pre-authorized Property Tax & Water & Sewer (Wastewater) Payment Plans.

PLAN OPTIONS:-for properties that are NOT in arrears:

1) MONTHLY PROPERTY TAXES:

- The Plan will run from January 5th to December 5th of each year- 12 monthly payments.
- The first six payments (January to June) are based on the previous year's taxes. The remaining six payments (July to December) are adjusted to reflect any changes to taxes due to tax rate or assessment related changes.
- The Final Tax Bill will be mailed in early spring and will indicate your total taxes for the year and is sent **for your information only. -DO NOT PAY.** Please retain this bill for income tax purposes. Written notice will be included with the final bill outlining the six remaining payments for the year.

2) INSTALLMENTS BASED ON DUE DATES:

- Payments in the amount of the tax levy or water & sewer (wastewater) billings are withdrawn directly from your bank account on the due dates indicated on the invoices.

ENROLLMENT:

- To enroll, complete the attached Pre-Authorized Payment Plan application form.
- Attach a void cheque from the account you wish used for withdrawal purposes.
- Once registered in either plan, you will automatically be enrolled in subsequent years.
- The payment plan is not transferable to another property. A new application must be completed for each property.
- Upon entry into the program, you will be mailed a letter confirming the amount of payment and due date.

MISSED/RETURNED PAYMENTS:

- A \$40.00 administration fee will be charged if funds are returned by the bank.
- A letter of notification will be sent reflecting the amount due.
- The plan will be discontinued immediately until a replacement cheque has been received, at which time the plan will be reinstated.

CHANGE INFORMATION/OWNERSHIP/CANCELLATION:

- All changes to your Pre-Authorized Payment Plan information must be received in writing at least 15 days prior to the next withdrawal date.
- If we are not notified by the property owner or lawyers, the Pre-Authorized Payment Plan will be cancelled immediately upon receipt of notification of change of ownership.
- Cancellation Notices are available at the Municipal Office.

PRIVACY AGREEMENT:

- The purpose of the Privacy Agreement is to ensure the information collected be kept in strict confidence and used to set up pre-authorized payments protected by the privacy provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, as amended ("The Act").

Revised January 11, 2022

PAYOR'S PRE-AUTHORIZED PAYMENT PLAN (PAP) APPLICATION

Municipality of Callander
280 Main Street, North, Box 100
Callander, ON P0H 1H0
Tel: 705-752-1410 Fax: 705-752-3116
e-mail finance@callander.ca

You, the Payor, hereby authorize The Municipality of Callander to debit the bank account identified below and will advise any change in this regard and the authorization is to remain in effect until cancelled in writing.

Bank Account Information

Account No: _____ Branch Transit No: _____

Financial Institution No: _____ Chequing Account _____ Savings Account _____

Financial Institution

Name: _____

Branch Address: _____

You the Payor may revoke your authorization at any time in writing subject to providing notice not to exceed 30 days.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

(If submitted electronically, completion of this field is deemed to be your signature)

(If submitted electronically, completion of this field is deemed to be your signature)

Name: _____

Name: _____

(Please print)

(Please print)

Date: _____

Date: _____

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.