## Township of North Kawartha



280 Burleigh Street, PO Box 550, Apsley, ON KOL 1A0
Tel: 705-656-4445 | 1-800-755-6931 | Fax: 705-656-4446
www.northkawartha.ca

## Pre-Authorized Tax Payment Plan - Important Information

### **Payment Plan Options**

- 1. Monthly Installment Plan: 10 installment payments to be paid January through October
  - Payments are withdrawn on the 15th or the last business day of each month
  - Payments must be paid by automatic debit from taxpayer's bank account
  - Property taxes cannot be past-due or in arrears
  - January through July installments are calculated on the previous year's tax levy/ies
  - August through October installments are adjusted to reflect the increase/decrease in the current year's total levy
  - Letters are sent in December and July to advice of the change to the amount
- 2. Regular Installment Plan: Interim and final installments are withdrawn on each regular installment due date.

You will continue to receive your tax bills for information purposes only even after you sign up for pre-authorized payment. Your tax bill will indicate you are on pre-authorized payment.

#### Enrollment, Bank Account Changes and Plan Cancellation

You must submit a Pre-authorized Tax Payment Application to enroll. Written notice is required for bank account changes, cancellation of your payment plan or any other changes.

#### Selling Your Property?

Your pre-authorized program is not transferable. You must cancel the application when you sell your home and complete a new application form for your new property.

#### Supplementary Taxes and Additional Charges

Payment for tax bills issued for Supplementary Assessments and additional charges will not be withdrawn automatically. However, they must be paid by the due date indicated on the bills or the account will be removed from the pre-authorized plan.

#### **Penalties**

For each payment that does not clear your financial institution, you will be charged \$25. In addition, a penalty of 1.25% may apply on outstanding taxes. If a new payment is not sent within the specified time or you have two returned items, your account will be removed from the pre-authorized plan. Your account must be in current standing for one year in order to reenroll in the plan.

For questions or concerns contact: Deputy Treasurer Dianna Everson by email at <a href="mailto:d.everson@northkawartha.ca">d.everson@northkawartha.ca</a> or by phone at 705-656-4445 extension 233

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# Pre-Authorized Tax Payment Plan Application Form

|   | I (we) hereby authorize the Township of North Kawartha to process a debit in paper, electronic or other from my (our) account. The treatment of each payment shall be the same as if I (we) had personally issued a cheque authorizing payment and to debit this amount from my (our) account. I (we) understand the new chasuch as supplementary and omitted assessments (for improvements or new construction) or outstanding chanded to the tax roll (throughout the year) are not included in the plan and <b>they must be paid for as they be due.</b> I (we) have <b>attached a personal void cheque</b> , (any account requiring two signatures must have the same on this application form) and have indicated below the plan that I (we) wish to participate in the follow pre-authorized payment plan: |                                |                 |                    |  |
|---|--|--------------------------------|-----------------|--------------------|--|
|   |  | ☐ Monthly installments (10)    | ☐ Paymer        | nt withdrawn on    |  |
|   | from January to October  | from January to October        | the <b>Du</b> e | e dates for each   |  |
|   | withdrawn on the 15th  | withdrawn on the last          | installm        | ent of the Interim |  |
|   | day of each month or the   | business day of each           | and Fin         | al Tax Bill        |  |
|   | next business day  | month                          |                 |                    |  |
|   | I (we) acknowledge the Terms and Conditions of the Plan and that Cancellation of this plan must given in writing by myself (ourselves) or agent acting on my (our) behalf, 10 days prior to the next transaction.  |                                |                 |                    |  |
|   | Roll Number: 1536  |                                |                 |                    |  |
|   | Names (s):   |                                |                 |                    |  |
|   | Mailing Address:   |                                |                 |                    |  |
|   | Phone Number:  |                                |                 |                    |  |
|   | Email Address:   |                                |                 |                    |  |
|   | Start Date:  |                                |                 |                    |  |
|   | All owners must sign. Any account requiring two signatures must have the same two signatures on this application form:   |                                |                 |                    |  |
|   | Signature:   |                                |                 |                    |  |
|   | TYPED SIGNATURES ARE NOT VALID   |                                |                 |                    |  |
|   | Signature:   |                                |                 |                    |  |
|   | Signature.   | TYPED SIGNATURES ARE NOT VALID |                 |                    |  |
|   |  |                                |                 |                    |  |
|   | _  | Submit this form by:           |                 |                    |  |
|   | Email: d.everson@northkawartha.ca  |                                |                 |                    |  |
|   | Mail: PO Box 550, 280 Burleigh St, Apsley, ON KOL 1A0  |                                |                 |                    |  |
| Drop Off in Person Or Contact: (705) 656-4445 extension 233 |  |                                |                 |                    |  |
| C. Contact. (700) 000 1110 CACCIDION 200                    |  |                                |                 |                    |  |
|   | Office Use Only:   |                                |                 |                    |  |
|   | Current Calculated Amount  | Date Entered                   | :               | Initial            |  |