

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

∥onthly □ (Ist of each	month) Semi-Monthly	\prime : 15 th and the 30 th \square	Quarterly ☐ Mar 15 ^t	h/Jun 15 th /Sept 15 th /Nov	15 th
Name(s):					
Property Roll No:	34 08				
Property Address:					
elephone:					
	nship of Malahide and the begin deductions as to the			nancial institution I/We may	
				from me/us of its change or is scheduled at the address	
	revoke this authorization at to cancel a PAP Agreemen			ice of 10 days. For more npay.ca.	
Signature of Account Ho			Date:		
Signature of Joint Accou Holder (if applicable):	ınt				
BANKING INFORMAT	гіон:				
Branch/Transit # (5 dig	jits)				
Institution # (3 digits)					
Account # (7 digits)					
	not consistent with this PAP A			ive reimbursement for any debit se rights, contact your financial	
	ATTAC	H VOID CHEQU	JE HERE		

Our office offers the convenient option of paying your property taxes by a preauthorized payment plan.

No need to write cheques or buy stamps!



Please note that in order to be eligible, your tax account must be up to date. Any accounts that are in arrears will not be eligible.

You may choose from the following options:

- 1) Tax Installment Due Dates: March 15th June 15th Sept 15th Nov 15th
- 2) Semi-Monthly the 15th and the 30th of each month
- 3) Monthly installments (the 1st of each month from January November)

*No withdrawal will be made in December and a letter will be sent before the November payment advising you of the final payment amount for the remainder of the year's taxes.

Please complete and sign the form on the back of this brochure, attach a VOID cheque and return it to our office. You will continue to receive a bill. Your bills will read "P.A.P. DO NOT PAY"

Moving?

Banking Changes?

Please let us know.

To change your bank account information or cancel your preauthorized payment plan, please contact us at least 15 days prior to the next scheduled withdrawal date.

Written notice is required.

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Phone: 519-773-5344 Fax: 519-773-5334

Email: malahide@malahide.ca Website: www.malahide.ca

Tired of paying late charges for missed tax payments?

Going on vacation?



Sign up for the preauthorized payment plan today and never miss a tax deadline again!

