



Town of Oakville Pre-Authorized Tax Payment Plans (PAP)

OAKVILLE

PROPERTY ACCOUNT # _____

Please check one:

___ **9 month** Pre-Authorized payment option commencing in January through to September
(please apply by December 30) Note: Account must be paid in full

___ **12 month** Pre-Authorized payment option commencing in October through to September
(please apply by September 30) Note: Account must be paid in full

___ **Installment** option, consisting of 4 withdrawals per year
(please apply 1 month prior to due date)

___ **Rate-payer defined.** Please withdraw \$ _____ monthly until further notice.
I understand that penalty will be applied to any past due amounts

Name(s) _____

Address _____

Postal Code _____ Telephone no. _____ Business _____

I/we authorize the Town of Oakville to debit my/our account on the last working day of each month (please see attached void cheque). I/we understand that this program will be continued for subsequent years unless otherwise notified in writing that the program has been cancelled. Any changes made to the plan by you, the taxpayer, must be received in writing by the 15th of the month.

Address of property where payments are to be applied _____

Signature(s) _____ Date _____

PLEASE DO NOT FORGET TO ATTACH A VOID CHEQUE!

(Please note: Line of Credit cheques are not acceptable for pre-authorized debits)

Applications can be faxed to 905-815-5964

Attach void cheque here:

Bank No. _____ Transit No. _____ Account No. _____

CANCELLATION of PAP AGREEMENT

You may revoke your authorization at any time in writing subject to providing 30 days notice. Alternative payment arrangements are required when the property is not sold or transferred. To obtain a sample cancellation form or for more information on your right to cancel a PAP Agreement, contact your financial institution or visit: www.cdnpay.ca

Please forward notice to: The Corporation of the Town of Oakville, Finance Dept., ATT: C. Prinsen (905) 845-6601, Ex. 3052
1225 Trafalgar Road, P.O. Box 310
OAKVILLE ON L6J 5A6

RECOURSE STATEMENT

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 or visit: www.cdnpay.ca