

**TOWN OF EAST GWILLIMBURY**  
**APPLICATION FOR PRE-AUTHORIZED PAYMENT PLAN (PAP)**  
**PROPERTY TAXES**

The Town of East Gwillimbury offers pre-authorized payment plans to its property owners to provide the option of a worry-free way of paying your property taxes by either spreading the payments over 10 months or having the monies directly withdrawn from your account on the installment due dates. You can enroll in either plan at any time of the year as long as your tax account is at a zero balance.

This authority is to remain in effect until the Town of East Gwillimbury has received written notification from me/us of its change or termination. I/We may obtain a sample cancellation form, or more information on my/our rights to cancel a PAP agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

The Town of East Gwillimbury may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for a PAP that is not authorized or is not consistent with this PAP agreement. To obtain a form for a reimbursement claim, or for more information on my/our rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### **10 MONTH PLAN**

I/we authorize the Town of East Gwillimbury, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular reoccurring (Feb – Nov.) payments, for payments of all charges rising under my/our Town of East Gwillimbury property tax account. The interim tax billing period includes five (5) installments. The first installment will be automatically withdrawn from your account on the 15<sup>th</sup> of each month from February through June. Your tax payments during this period will be based on tax rates from the previous year. Notification of the withdrawal amounts will be sent to you in **January** for each year. The final tax billing period will also include five (5) installments, the first of which will automatically be withdrawn from your account on the 15<sup>th</sup> of each month from July to November. Notifications of the withdrawal value change will be sent to you no later than early July. *Any additional tax billings issued during the year are due and payable on the dates as show, and must be paid separately to the Town.*

The Town of East Gwillimbury will provide 10 days written notice of the amount of each regular debit. The Town of East Gwillimbury will obtain my/our authorization for any other one-time or sporadic debits.

### **INSTALLMENT PLAN**

I/we authorize the Town of East Gwillimbury, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for four (4) annual payments, for payments of all charges rising under my/our Town of East Gwillimbury property tax account. The four (4) annual payments for the full amount of the annual property taxes will be debited to my/our specified account on the due date (as noted on interim and final tax bills). The Town of East Gwillimbury will provide 10 days written notice of the amount of each debit. The Town of East Gwillimbury will obtain my/our authorization for any other one-time or sporadic debits. *Any additional tax billings issued during the year are due and payable on the dates as show, and must be paid separately to the Town.*



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**Start Date:** \_\_\_\_\_  **10 Month Plan**  **Installment Plan**

**Name(s):** \_\_\_\_\_

**Tax Roll # 1 9 5 4 - 0 0 0** \_\_\_\_\_ - \_\_\_\_\_ - **.0 0 0 0**

**Type of Service: Personal** \_\_\_\_\_ **Business** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone #: (Home)** \_\_\_\_\_ **(Bus.)** \_\_\_\_\_

**Financial Institution :** \_\_\_\_\_

**Bank Account #:** \_\_\_\_\_ **Bank Transit #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorized Signature(s):** \_\_\_\_\_

**Town of East Gwillimbury  
19000 Leslie Street  
Sharon, On  
L0G 1V0  
Tel (905) 478-4282**

**I/We have attached a VOID cheque to this application.**

**YOUR ENROLLMENT IN OUR PAP PLAN WILL BE CONFIRMED IN WRITING.  
FOR FURTHER INFORMATION, CONTACT THE FINANCE DEPT. AT (905) 478-4282.**

