



Pre-Authorized Tax Payment Plan (PTP) Standard Enrolment Form Enrollment Deadline: September 10th

Tax Roll #'s _____

5677-

Property Location _____

First and Last Name _____

First and Last Name _____

Mailing Address _____

City / Town _____ Postal Code _____

Home Telephone _____ Business Telephone _____

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Payment Options - please check one only

A <input type="checkbox"/>	Payments on the 1st of each month I (we) authorize the Municipality of Mattice - Val Côté to process a debit, in paper, electronic or other form equivalent to 1/12th of my (our) current yearly taxes on the 1 st of each month from October to September. Does not include supplementary billings.
B <input type="checkbox"/>	Payments on the 15th of each month I (we) authorize the Municipality of Mattice - Val Côté to process a debit, in paper, electronic or other form equivalent to 1/12th of my (our) current yearly taxes on the 15 th day of each month from October to September. Does not include supplementary billings.
C <input type="checkbox"/>	Payment on "Tax Due Date" I (we) authorize the Municipality of Mattice - Val Côté to process a debit, in paper, electronic or other form equivalent to the "actual amount due as billed" on the due dates approved by the City Council. Does not include supplementary billings.

Signature (1)

Date

Signature (2)

Date

This authorization will not be required each year. Every year you will be notified of your new payments for the following taxation year. To withdraw from a plan you must provide the Tax Collector with thirty (30) days written notice. If you are already enrolled in the payment plan, there is no need to reapply.

There is a service fee for all items returned from your banking institution. Subscribers to the PTP Plan, who have more than one returned item in any one-year, will become ineligible to continue on the PTP Plan. The balance of the taxes will become due on the regular due dates and subject to standard penalties and interest of 1.25% per month for any late payments.

Telephone : (705) 364-6511 Fax : (705) 364-6431 In person : 500 highway 11, Mattice
Mail : Municipality of Mattice - Val Côté, P.O. Bag 129, Mattice, ON P0L 1T0

DIRECT WITHDRAWAL SUBSCRIBER

Account Holder(s)

First and last name of the holder (s)	Telephone No.
Mailing Address	
Postal Code	

Financial Institution

Name of the Financial institution		
Institution Number	Transit Number	
Address		
Postal code		

Withdrawal authorization

I, the undersigned (if it is a legal entity, here represented by its duly authorized representative(s), authorize the Municipality of Mattice - Val Côté to make withdrawals in my account no . _____, held at the financial institution, at the following frequency:

on the 1st of each month on the 15th of each month on Tax Due Dates

Each withdrawal will correspond to a variable amount, which will be communicated to me by the Municipality of Mattice - Val Côté.

In addition, I retain the right to revoke my authorization at any time by notifying the Municipality of Mattice - Val Côté in writing. I release the financial institution of any liability if the revocation was not respected, unless it is a gross negligence on its part.

I will inform the Municipality of Mattice - Val Côté, in writing and within a reasonable time of any change therein.

I agree that the financial institution where I have my account is not required to verify that the payment is made in accordance with my authorization. I further certify that all persons whose signatures are necessary for the operation of the account identified above have signed this authorization.

I acknowledge that submitting this authorization to the recipient organization is equivalent to submitting it to the financial institution indicated above.

Refund

The financial institution will reimburse me, on behalf of the Municipality of Mattice - Val Côté, the amounts withdrawn in error within 90 days of withdrawal for a particular holder and within 10 days of the withdrawal for a business owner, to the extent that the reimbursement is requested for one of the following reasons:

- a) the withdrawal was not made in accordance with authorization;
- b) My authorization was revoked.

I understand that I will have to make a written declaration to this effect to my financial institution on the form it will provide me.

Finally, I acknowledge that a refund request submitted after the deadlines indicated above will have to be settled between the Municipality of Mattice - Val Côté and me, without any responsibility or commitment on the part of the financial institution.

Consent to the release of information

I consent that the information contained in my application for membership of the direct withdrawal will be communicated to the financial institution, to the extent that this communication of information is directly related and requires the proper implementation of the rules applicable to pre-authorized debits.

Signature of the Holder(s)

_____ Signature	_____ Date
_____ Signature	_____ Date

(if it is a joint account for which two signatures are required)

IMPORTANT: Attach a personal check marked "VOID" to avoid a transcription error. If you change account or financial institution, please notify the Municipality of Mattice - Val Côté.