



SEGUIN TOWNSHIP

5 Humphrey Drive
Seguin, ON, P2A 2W8

Tel: (705) 732-4300
Toll Free: (877) 473-4846
Fax: (705) 732-6347
www.seguin.ca

PRE-AUTHORIZED PAYMENT AGREEMENT

I (We), the undersigned agree to the terms & conditions as outlined on this form and hereby authorize the financial institution (identified below) to draw installment payments from the account (identified below), payable to the Township of Seguin for the payment of property taxes.

Name: _____

Mailing Address: Street: _____

City: _____ Prov: _____ Postal Code: _____

Seguin Civic Address: _____

Home Phone #: _____ Work Phone #: _____ Ext: _____

Cell Phone #: _____ Cottage Phone #: _____

Email: _____

Roll Number 1). 49-03- _____ -0000

2). 49-03- _____ -0000

3). 49-03- _____ -0000

4). 49-03- _____ -0000

5). 49-03- _____ -0000

6). 49-03- _____ -0000

Monthly Payment Plan (11 payments January to November)

Installment Payment Plan (4 payments per year)

Financial Institution: _____

Signature _____ Date: _____

Signature _____ Date: _____

For joint accounts all depositors must sign if more than one signature is required on cheques issued against this account.

Important: PLEASE ENCLOSE A BLANK CHEQUE MARKED "VOID" with your application.

***Once registered, you will automatically be enrolled in subsequent years, unless you notify the Township of Seguin Treasury Department. 14 days written notice must be provided to cancel or change the plan, including any changes to your banking information.**

OFFICE USE ONLY

START DATE: _____

START AMOUNT: _____

CANCELLATION DATE: _____

COPY 1 – Municipal Copy

Copy 2 – Applicant Copy

Township of Seguin
Automatic Tax Payment Withdrawal Terms & Conditions

1. I (We) authorize the payee to debit my (our) account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.
2. I (We) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account, and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
3. I (We) will notify the payee in writing of any changes in the account information or termination of this authorization 14 days prior to the next due date of the pre-authorized debit.
4. A charge of \$35.00 will be made by the Corporation of the Township of Seguin (and added to my tax account) in the event any cheque or other order is not paid by the financial institution or any electronic transfer is not completed due to insufficient funds in the account or any other reason.
5. I (We) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.
6. The Corporation of the Township of Seguin, may, at its sole option, cancel or suspend the right to pay the tax account pursuant to the authorization:
 - Without notice if any cheque or other order is not paid by the financial institution;
 - Without notice if any electronic transfer is not completed; or
 - Otherwise, on 14 days notice.
7. Only ratepayers with no arrears will be allowed to enroll in this pre-authorized plan.
8. The Installment Plan (ATIW) will consist of payments equivalent to the amounts shown on the Interim & Final Tax Bills, on the due dates shown.
9. The Pre-Authorized Monthly Payment Plan will begin in January for the current year's taxes. It will consist of 11 equal monthly payments. In June of each year, the Township will recalculate your payment plan and adjust the July to November payments to reflect the current year's actual taxes.

Questions or Concerns

If you require additional information please contact the Township Office at 1-877-473-4846 between 8:30 am and 4:30 pm, Monday to Friday, or by email to info@seguin.ca .