

**Corporation of the Municipality of Markstay-Warren
Pre-Authorized Payment Application**

Customer Information – Please print clearly

Name:	Roll# or Account#
Name:	Phone Number:
Address:	
Payment of: Taxes _____ Utilities _____	Type of Service: Personal _____ Business _____

Financial Institution – Please attach a void cheque

Name:
Address:
Account, Branch and Financial Institution Number: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Account Branch Financial Institution </div>

Pre-authorized payment details

1. By signing below, I/we authorize the Municipality of Markstay-Warren to debit the bank account identified above on the 20th of each month which will be calculated as follows (please mark option(s) of your choice):

Option 1: Current Accounts - Taxes – The plan will run from January to November each year. The pre-authorized payment plan allows for property taxes to be paid over 11 monthly payments. Monthly pre-authorized payments are based on the previous year's taxes divided by 11. The first 6 instalments will be the same amount and the remaining July to November instalments will be adjusted to reflect the new current value assessment issued by MPAC (Municipal Property Assessment Corporation) as well as any tax rate changes applicable. There will be no withdrawal from your account in December.

Option 2: Arrears Accounts - Taxes – The plan will run from January to November each year. There will be no withdrawal from your account in December. The monthly pre-authorized payment amount will be \$_____.

Option 3: Utility Accounts – The plan will run from January to November each year. The pre-authorized payment plan allows for the utility billing to be paid over 11 monthly payments. Monthly pre-authorized payments are based on the previous year's billing divided by 11. The first 10 instalments will be the same amount and the remaining November instalment will be adjusted to reflect the balance owing. There will be no withdrawal from your account in December.

2. This pre-authorized payment agreement is to remain in effect until the Municipality of Markstay-Warren has received written notification of change or termination. This notification must be received at least ten (10) days before the next debit is scheduled. Notification is to be mailed, delivered or faxed to the municipality to the information provided below.

3. You, the customer, 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 agreement. To obtain more information on your recourse rights, contact you financial institution or visit www.cdnpay.ca.

Certification

I/we do hereby certify that the information contained in this form and attachments, if applicable, is true and correct.

Signature Date

Signature Date

When the form is complete, mail or fax to:
 Municipality of Markstay-Warren
 P.O. Box 78, 21 Main Street South,
 Markstay, ON P0M 2G0
 PH: (705) 853-4536
 Fax: (705) 853-4964

For Office Use Only

<u>Calculation for Option 1:</u>	
Previous Year's taxes \$ _____ / 11 = \$ _____	monthly withdrawal from January to June ,
Current Year's taxes: \$ _____ - _____ / 5 = \$ _____	monthly withdrawal from July to November.
Paid to Date	
<u>Calculation for Option 3:</u>	
Previous Year's billing \$ _____ / 11 = \$ _____	monthly withdrawal from January to October,
Current Year's billing: \$ _____ - _____ = \$ _____	withdrawal for November.
Paid to Date	
<input type="checkbox"/> Entered on Account	Date: _____ Treasurer: _____
The information collected in this application will be used to determine the applicant's eligibility under this policy in accordance with the provisions of the Municipal Freedom of Information and Protection of Persons Privacy Act. All information collected shall remain confidential.	