



MUNICIPALITY OF HIGHLANDS EAST

PRE-AUTHORIZED PAYMENT PLAN

- Option 1 – 10 Month Payment Plan:** The first five months, February to June, monthly payments are the Interim Tax Bill divided into five equal payments. The next five months, July to November, monthly payments are the Final Tax Bill divided into five equal payments. To enroll, the tax account must be paid up to date with no past due balance.
- Option 2 – Standard Installment Plan:** The tax installment amounts will be withdrawn from your bank account on the installment due dates. To enroll, the tax account must be paid up to date with no past due balance.

Monthly payments will be withdrawn on the last business day of the month

Check the plan you wish to participate in and return this form, along with a void cheque, to this address:

The Municipality of Highlands East
2249 Loop Road, PO Box 295
Wilberforce, ON K0L 3C0

EMAIL TO:
OR jcairns@highlandseast.ca

PROPERTY TAX ROLL NUMBER: 46 - 01 - ____ - 000 - _____ - 0000

OWNER NAME(S) _____

PROPERTY ADDRESS _____

DAYTIME TELEPHONE _____ EMAIL _____

FINANCIAL INSTITUTION NAME _____

Transit No.: _____ Institution No.: _____ Chequing Account No.: _____
(5 digit transit #) (3 digit #) (7 digit account #)

I/We accept the terms and conditions herein defined and authorize the Municipality of Highlands East to debit the bank account per attached void cheque for payments applied to the above identified tax account in accordance with the selected payment option.

I/We understand that should any payment be dishonoured by the financial institution for any reason, a \$25.00 fee and eligible penalty of 1.25% per month will be applied to the account. If payment is not replaced prior to the next scheduled withdrawal date, participation in the program will be cancelled by the Municipality.

I/We understand that written notification to make a change or to cancel this Agreement is required to be received by the Municipality of Highlands East Tax Department, at least fifteen (15) days prior to the next scheduled withdrawal.

SIGNATURE(S): _____, _____ DATE: _____
(For joint accounts, all parties must sign this form)

PLEASE ATTACH A VOID CHEQUE