

MONTHLY PRE-AUTHORIZED DEBIT (PAD) PLAN FOR MUNICIPAL TAX PAYMENTS

BENEFITS

Payments automatically deducted from your account on the 16th of each month.
No cheques to write. No due dates to remember. No line ups. No late fees.
Payments always on time - 12 monthly payments a year.

WHO IS ELIGIBLE

All Niagara Falls taxpayers' whose taxes are paid in full.
This plan may be cancelled at the taxpayers' request in writing and/or completion of a cancellation form available at City Hall by the 9th day of the month, however, any outstanding taxes become automatically due and subject to penalty and interest charges.

HOW THE PLAN WORKS

Applicants will be notified in writing of the monthly payment to be deducted on the 16th day of each month **(this is the only date available for deductions)**.
Annually, in June, the monthly payment will be revised to provide for payment of the years' taxes by December. Notification of the revised monthly amount will appear on the Final Tax Notice.
Returned payments (NSF, etc.) will be subject to a \$35.00 charge as well as penalty and interest charges. Failure to replace a returned payment by the end of the month in which it was returned will result in AUTOMATIC cancellation from the monthly Pre-Authorized Debit Plan.

HOW TO APPLY

- 1) Complete the attached application form.
- 2) Attach a cheque from your bank account marked "VOID."
- 3) Forward your application and voided cheque to:

**City of Niagara Falls
Corporate Services Department - Finance Division
P.O. Box 1023
Niagara Falls, ON L2E 6X5
Attn: Allyson Kerr**

(see reverse side for application form)

If you have any questions, please contact the Finance Division at 905-356-7521 Ext. 4309.

**APPLICATIONS FOR PREAUTHORIZED DEBIT (PAD) PLAN
MONTHLY MUNICIPAL TAX PAYMENTS**

I/We have read and understand the Pre-Authorized Payment Plan and authorize my/our bank to draw and issue monthly payments payable to the City of Niagara Falls for payment of municipal taxes. 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 any debit that is not authorized or is not consistent with this PAD plan. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Homeowner/Company Information

Date: _____

Signature 1 _____ Print Name _____

Signature 2 _____ Print Name _____

(if applicable for a joint account and two signatures are required on cheques)

Phone Number(s)
Home _____ Business/Cell _____

These payments are for: Personal _____ Business _____

Property Information

Tax Roll Number (if available) **2725** _____

Homeowners Name _____

Property Address _____

Mailing Address (if different) _____

REMEMBER TO INCLUDE A CHEQUE MARKED “VOID”

Banking information changes, to be effective for the current month, must be received no later than the 9th day of the month, otherwise changes will not take effect until the following month