



Pre-Authorized Payment Plan Application

In Accordance with By-Law 2018-62

Corporation of the City of Belleville
169 Front Street
Belleville, ON K8N 4M1
Phone: 613-967-3243 Fax: 613-967-3206
<http://www.belleville.ca>
Email: tax.info@city.belleville.on.ca

Taxation Roll Number:

I/We authorize the City of Belleville to debit my/our account indicated below for all Property Taxes payable to the City of Belleville. The treatment of each payment shall be the same as if I/we had personally issued a Cheque or Bank Authorization form authorizing payment and to debit this amount to my/our account. New charges, such as supplementary and omitted assessments (for improvements or new construction) or outstanding charges added to the tax roll (throughout the year) are not included in the plan. They must be paid for as they come due. Outstanding balances must be paid in full prior to the pre-authorized payment plan being added. I/We acknowledge that CANCELLATION of this plan must be given in WRITING by myself or an agent acting on my/our behalf, 15 Days prior to the next deduction.

Please Initial Here:

In accordance to the BY-LAW the City of Belleville may cancel the privilege of continuing the plan if two instalments fail to be honoured. Any tax account, which has been cancelled from continuing in this plan shall revert to the regular instalment billing system and be subject to penalty and interest.

I/We acknowledge that a SERVICE CHARGE will be added to the tax account, for any (all) preauthorized payment(s) that are returned placing the account in default.

Please Initial Here:

I/We have attached a Personal Void Cheque / Bank Authorization, (any account that is a Joint Bank Account must have both / all signatures on this form) indicated below the plan that I/we wish to participate in.

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 PAP Agreement.

To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our Financial Institution or visit <http://www.cdnpay.ca>

Payment Options (Select only one:)

- FOUR (4) regular tax instalments (Debited on installment due dates - February, April, June and September)
- MONTHLY deductions are calculated so that taxes are paid by December

Please select on which day of the month you wish to withdraw payment

- 1st business day
- 8th day of month
- 15th day of month
- 22nd day of month

Pre-authorized Payment Service Type Requested:(Select One) PERSONAL BUSINESS

Name of Applicant:

Name of Co-Applicant:

Complete Property Address:

Mailing Address: If different from above:

Telephone (Residence) Telephone (Business or Alternate)

Email Address:

Start date for Pre-Authorized Payment 1st business day, 8th, 15th or 22nd (MM/DD/YYYY)

Signature of Applicant: Date

Signature of Co-Applicant: Date

Personal information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c25 will be used to process your Pre-Authorized Payment Plan application. Questions about the collection of this personal information only should be directed to the manager of Revenue and Taxation, Taxation Department, 169 Front Street, Belleville, ON K8N 2Y8 PHONE: 613-967-3243