



Pre-Authorized Payment Plans

The Town of Collingwood offers two pre-authorized plans for payment of your property taxes. These plans authorize the Town to automatically withdraw funds from the bank account you designate and apply them to your tax account. There is no surcharge for either plan.

Eligibility Criteria:

You are eligible if your account is paid up to date.

Benefits of the Plan:

- Easier budgeting by spreading payments out without any special charges or interest.
- In the event of postal disruption, illness or vacation, your payments will still be made.
- Save the cost of postage, special trips and avoid line-ups to pay your tax bills.
- Once you have enrolled in the plan, you do not have to reapply year after year (unless you are moving within Collingwood, please see terms and conditions).

How the Monthly Plan Works:

- Your previous year's tax levy is divided into 10 equal payments. This amount will be deducted directly from your bank account on the 15th of the month from January to July inclusive.
- When the current year's final tax levy has been calculated, the increase or decrease will be added or deducted from your monthly payment for the last three months of the plan. You will be notified of the change in your monthly withdrawal amount that will cover the months of August to October inclusively.
- Your enrollment in the pre-authorized payment plan will be confirmed by letter/ email.
- Your Final Tax Notice will be receipted and sent to you in November/ December. That receipt will also have a letter indicating the new payment amount which will commence in January.

Supplementary Tax Amounts:

Supplementary taxes are usually **not** included in the pre-authorized payment plan and **must be** paid separately.

Terms & Conditions:

- New applications must be received **no less** than 15 days before the first withdrawal.
- Enrollment in the chosen pre-authorized plan is automatically renewed each year if your account is current.
- If you are moving within Collingwood, **the plan is not transferable**. You must complete a new application form.
- Any changes in banking information must be sent to our office in writing **no less** than 15 days before your next withdrawal.
- If you wish to withdraw from the plan, notification must be sent to our office in writing **no less** than 15 days before your next payment. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.payments.ca. The Town of Collingwood may also cancel this PAD agreement on **not less** than 15 days' notice to you.

- An administration fee of \$48.00 will be applied to your tax account for any amounts returned to us from your banking institution. Two occurrences of this nature will result in being removed from the plan.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the rights to receive reimbursement for any debt that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca

How to Enroll:

- Complete and sign the attached Authorization Certificate.
- Attach an unsigned blank cheque marked void for the account you wish to use for withdrawal purposes.
- Ensure that all signing officers for that account sign the form.
- Mail or deliver the form to:
Town of Collingwood
P.O. Box 157
97 Hurontario St.
Collingwood, ON L9Y 3Z5

If you have more than one tax address, please complete a separate form for each property.

If you wish to sign up anytime throughout the year, please call us at 705-445-1030 and press selection “1”.



Authorization Certificate

I hereby authorize the Town of Collingwood to withdraw payments from my bank account to pay my taxes in the following manner: (indicate option desired)

Monthly plan. Payments to be withdrawn on the 15th of each month January to October. No payments required in November or December.

Due dates plan. Payments to be withdrawn on the regular installment dates in February, May, August and October.

START DATE/ FIRST WITHDRAW DATE _____

Assessment Roll # _____

Property Location _____

Owner Name(s) 1) _____

2) _____

Telephone # Res. _____

Bus. _____

Email Address _____

These services are for (check one) – Personal Business Use

** Authorized Signature (1)

Date

** Authorized Signature (2)

Date

**** If more than one signature is required for withdrawals from the specified account number, all authorized signatures must be provided.**

ATTACH VOIDED CHEQUE HERE

Mail to: Town of Collingwood
P. O, Box 157
97 Hurontario St.
Collingwood, ON L9Y 3Z5