Pre-Authorized Debit Agreement
Property Tax Payment Plan
Customer Agreement & Authorization Form

Property Roll Number: 42-10__ __ __ - __ __ __ - __ __ __ __ __ - 0000

Name: _____

Property Address: _____

Mailing Address: _____
(if different from the property address)

Home Phone # : (_ _ _) _ _ _ - _ _ _ _ Business Phone # : (_ _ _) _ _ _ - _ _ _ _

Email: _____ Cell Phone #: _____

Bank Account Information

(Please also attach a void cheque)

Financial Institution #: 0 _ _ _ Branch Transit #: _ _ _ _ _

Deposit Account #: _ _ _ _ _ _ _ _ _ _ Chequing Account ☐ Savings Account ☐

Financial Institution Name: _____

Branch Address: _____

You, the Payor, authorize the Municipality of Meaford to debit the bank account identified above for the following:

20th of the month ☐ 28th of the Month ☐ Installment Date ☐

$ _____ per month. Start Date for Pre-Authorized Payment Plan: _____

Monthly payment amount will be re-calculated on the Interim Tax Billing Date and re-calculated on the Final Tax Billing Date. Installment amount shall be as calculated on the Interim Tax Billing Date and the Final Tax Billing Date each year.

You, the Payor may revoke your authorization at any time in writing subject to providing notice of 15 days to the Municipality of Meaford. To obtain further information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

_____

Name: _____
(Please Print)

Date: _____

Signature of Joint Account Holder:

_____

Name:_____
(Please Print)

Date: _____

Please complete and return to;

Municipality of Meaford
21 Trowbridge St. West
Meaford, Ontario N4L 1A1

Phone: (519)538-1060
Fax: (519)538-5240
Email: tax@meaford.ca