

MONTHLY PRE-AUTHORIZED DEBIT (PAD) 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 (both realty and commercial taxes) whose taxes are paid in full. Plan may be cancelled at the taxpayers request in writing by the **10th** 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 day available for deductions**)

You will receive two notices per year, the first in January indicating the monthly payment amount from January to May, the second in June indicating the total annual taxes and any revisions to the monthly payment amount to ensure full payment of taxes by December.

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 marked "VOID" for your bank account.
3. Forward your application and Void cheque to:

City of Niagara Falls
Finance Department
P.O. Box 1023
Niagara Falls, ON L2E 6X5
Attention: Allyson Keighan
Email: akeighan@niagarafalls.ca

If you have any questions, please contact the Finance Department at 905-356-7521, extension 4309 or by fax at 905-356-2082.

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“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 agreement. 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 application 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 10th day of the month, otherwise changes will not take effect until the following month.