

## Pre-Authorized Payment Plans

For your convenience, the Municipality of Middlesex Centre offers pre-authorized payment service for both tax and utility billings. All other payment options continue to be available – mail, in person, PC/Telephone banking, at any chartered bank or trust company. This service will not affect those ratepayers who currently have their property taxes paid with their mortgage payments.

In order to make your bill paying easier you may have tax payments and utility bills automatically withdrawn from your bank account.

\*\*\* there is no cost for this service \*\*\*

Taxes – We will be offering two options for property tax payments through automatic withdrawal.



- a) monthly on the 15th of each month for ten months – ten payments from February to November
- b) quarterly – on due date only – last working day in February, May, August and November

Monthly payments will be calculated based on a combination of previous and current year's taxes. The first seven payments of the year will be based on 70% of the previous year's taxes and the final three payments will be based on the present year's final taxes (less what is collected in the first seven months). Please remember that taxes may fluctuate due to reassessment and tax rate changes; therefore the final three payments may be quite different than the first seven.



Utilities – Pre-authorized payment of utility bills will be available for due date only – a monthly payment plan is not an option.

If you are interested in this service, you will need to complete the attached authorization form along with a “void” cheque in order to set up your account for pre-authorized payment. For taxes you must return the form prior to December 30th to be set up for monthly withdrawals for the following year.

Please return the authorization form to:  
Municipality of Middlesex Centre  
10227 Ilderton Road, RR 2  
Ilderton, Ontario  
N0M 2A0  
519-666-0190 or toll-free 1-800-220-8968

**Municipality of Middlesex Centre Pre-Authorized Payment Plan  
Payor Authorization**

**TO:** \_\_\_\_\_ Municipality of Middlesex Centre \_\_\_\_\_ (the "Municipality")  
**To Direct Debit an Account**

**Account Holder (the "Customer"):**

**Exact Name(s)** \_\_\_\_\_  
**in which Account is Held** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
**City** **Province** **Postal Code**

\_\_\_\_\_  
**Telephone Number**

**Financial Institution (the "Bank"):**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
**City** **Province** **Postal Code**

\_\_\_\_\_  
**Account No.** **Branch No.** **Institution No.**

Tax Roll #: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

**1. Type of Payment**

**Taxes**  **and/or** **Utilities**

**Frequency (Taxes only)**

Ten monthly payments (Feb. – Nov.)\*  Due date only

**2. Pre Notification of Amounts**

**Monthly Amounts:** The Municipality will provide written notice of the amount to be debited and the date of the debit at least 10 calendar days before the date of the first debit and every time there is a change in the amount or payment date.

**Variable (Due Date only) Amounts:** The Municipality will provide written notice of each amount to be debited and the date of the debit at least ten (10) calendar days before the date of each debit. The tax notice/utility notice will serve as notice of the amount to be debited.

\* Ten monthly payments will be deducted on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a Saturday, Sunday or holiday, the withdrawal will be on the next working day.

For office use only:

|                 |  |        |              |  |                 |       |       |
|-----------------|--|--------|--------------|--|-----------------|-------|-------|
| <b>T-TC:</b>    |  | Notice | <b>T-UC:</b> |  | Cancel/Amend    | T-TC: | T-UC: |
| Process Date:   |  | Y/N:   |              |  | Process Date:   |       |       |
| Effective Date: |  |        |              |  | Effective Date: |       |       |

**3. NSF Charges**

In the event that a payment is returned from the bank non-sufficient funds (NSF), the Municipality will charge the Customer the administration charge according to Policy GG-1.06.

**4. Rights of Dispute**

The Customer may dispute a debit under the following conditions: (i) the debit was not drawn in accordance with this Authorization; (ii) this Authorization was revoked or cancelled; or (iii) prenotification (as set out in paragraph 2 above) was not received.

In order to be reimbursed, the Customer must complete a Declaration Form at the above indicated branch of the Bank up to and including: (i) 90 calendar days (in the case of a *Personal/Household* debit), or (ii) 10 calendar days (in the case of a *Business* debit), after the date on which the debit in dispute was posted to the Customer's account.

The Customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the Municipality and Customer.

**5. Terms of Authorization to Debit the Above Account**

The Bank is not required to verify that any debits drawn by the Municipality are in accordance with this Authorization or the agreement made between the Customer and the Municipality.

It is acknowledged that in order to revoke this Authorization the Customer must provide written notice to the Municipality. This Authorization may be cancelled at any time upon written notice by the Customer to the Municipality. This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Municipality are ended.

The Customer will notify the Municipality promptly in writing if there is any change in the above account information.

Any delivery of this Authorization to the Municipality constitutes delivery by the Customer to the Bank. **It is warranted by the Customer that all persons whose signatures are required to sign on the above account have signed this Authorization.** The Customer acknowledges having retained a signed copy of this Authorization for their records.

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**Signature(s) or Authorized Signature(s) of Account Holder(s)** **(Date)**

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**Signature(s) or Authorized Signature(s) of Account Holder(s)** **(Date)**

**\*\*\*\*\*For verification, please attach a blank cheque marked "VOID" in this space\*\*\*\*\***