



**TOWN OF FORT ERIE**  
**1 Municipal Centre Dr, Fort Erie ON L2A 2S6**  
**Ph: 905-871-1600 Fax 905-871-9984**

**APPLICATION FOR PRE-AUTHORIZED DEBIT TAX & WATER**

**Please check applicable box (es):**    ☐ **Personal Use**    ☐ **Business Use**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Pre-Authorized Tax Payment Plan</b>   | <b>(10 installments) 15<sup>th</sup> of each month</b>        |
| <input type="checkbox"/> <b>Pre-Authorized Tax Payment Plan</b>   | <b>(10 installments) last business day of month</b>           |
| <input type="checkbox"/> <b>Pre-Authorized Tax Payment Plan</b>   | <b>( 4 installments)</b>                                      |
| <input type="checkbox"/> <b>Pre-Authorized Water Payment Plan</b> | <b>(12 installments) 3<sup>rd</sup> business day of month</b> |

**PROPERTY DESCRIPTION**

**Roll Number**

**Water Account Number**

**Name**

**Property Address**

**Mailing (if different)**

**Postal Code**

**Telephone/Cell #**

**Please attach a Cheque marked “VOID” to this application**

**Conditions:**

- 1. Tax/Water account(s) must be current**
- 2. Separate forms must be completed for each property**

**I/We have read and understand the Pre-authorized payment plan(s) and authorize my/our Financial Institution to debit/deposit monthly/quarterly payments payable to The Town of Fort Erie for payment of Municipal taxes and/or water**

**For a joint account, if more than one signature is required on cheques, all depositors must sign**

**Signature**

**Signature**

**Print Name**

**Print Name**

**Date**

**Date**

**Processed by**

**Processed by**

**Date**

**Date**

**Received by**

**Date**

**Note:** This authorization will not be required each year. Every year you will be notified on your tax bill what your payments will be for the current taxation year. To withdraw from a plan or to change your banking information you must provide the Finance Department with (10) days written notice. 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.cdnpay.ca](http://www.cdnpay.ca).

**You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).**

**There is a service fee for all items returned from your banking institution. Subscribers to the Payment Plan who have more than one returned item in a 12 month period will become ineligible to continue on the payment plan.**