

Property Tax Pre-Authorized Payment Plan (PAPP) Application Form

 New Application (Property Tax Pre-Authorized Payment Pla Change Banking Information 	in will be automatically renewed each year)
Start or change on the 15 th of	
Month Yea	ir
1. Customer Information (Please print clearly)	
Name(s):	Roll Number:
Property Address:	(Office use only) Gross Taxes:
Phone: ()	(Office use only) Installment Amount:
	Additional (65+ or physically disabled)
2. Bank Account Information *Please provide a void cheque *	
Name of Financial Institution:	
Address of Financial Institution:	
Branch: Bank:	Account Number:
 Eleven (11) equal payments will be withdrawn from your The final twelfth (12th) payment will be the difference be collected, plus interest earned up to the tax due date. Th tax notice) will be withdrawn from your bank account on If a taxpayer joins the program after August 15th, they wi of application. To avoid penalty, the Home Owner Grant must be claime A fee of \$20.00, as outlined in the Fees and Charges Bylar payments not honoured by their financial institution. Th two or more payments are returned. The sale of the property does not automatically stop the Written notification to cancel or make a change to the Pr withdrawal. 	tween the actual amount of the current tax bill and pre-payments his final payment (Total Amount Due under applicable column on your the tax due date in July of each year. Il be required to remit the missed payments from August to the time ed prior to the tax due date. w No.98-001, will be charged to a property owner's tax account for e District of Summerland may cancel a Pre-Authorized Payment Plan if Pre-Authorized Payment Plan. re-Authorized Payment Plan must be given 15 days prior to the next
	tial on the lines below.
	nents Association rules to receive written notification or require D) from my/our bank account prior to each PAD being processed.
The Payor(s) have certain recourse rights if any debit does not to receive reimbursement for any debit that is not authorized or information on recourse rights, contact your financial institution	=
I/We have read and understand the Terms and Condition	S.
Signature of Account Holder:	Date:
Signature of Joint Account Holder:	Date: