



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

New Application (Property Tax Pre-Authorized Payment Plan will be automatically renewed each year)

Change Banking Information

Start or change on the 15th of _____
Month Year

1. Customer Information (Please print clearly)	
Name(s):	Folio:
Property Address:	Gross Taxes:
Phone: ()	Installment Amount:
Home Owner Grant Eligibility: ✓ Check one: <input type="checkbox"/> Not Eligible <input type="checkbox"/> Basic (Under 65) <input type="checkbox"/> 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: _____	

TERMS AND CONDITIONS OF CUSTOMER'S AUTHORIZATION TO THE DISTRICT OF SUMMERLAND

Please read and initial on the lines below.

- Only property owners whose current taxes are fully paid are eligible to participate in the Pre-Authorized Payment Plan.
- Eleven (11) equal payments will be withdrawn from your bank account, starting August 15th each year.
- The final twelfth (12th) payment will be the difference between the actual amount of the current tax bill and pre-payments collected, plus interest earned up to the tax due date. This final payment (Total Amount Due under applicable column on your tax notice) will be withdrawn from your bank account on the tax due date in July of each year.
- If a taxpayer joins the program after August 15th, they will be required to remit the missed payments from August to the time of application.
- To avoid penalty, the Home Owner Grant must be claimed prior to the tax due date.
- A fee of \$20.00, as outlined in the Fees and Charges Bylaw No.98-001, will be charged to a property owner's tax account for payments not honoured by their financial institution. The District of Summerland may cancel a Pre-Authorized Payment Plan if two or more payments are returned.
- The sale of the property does not automatically stop the Pre-Authorized Payment Plan.
- Written notification to cancel or make a change to the Pre-Authorized Payment Plan must be given 15 days prior to the next withdrawal.

___ I/We agree to waive the requirement under the Canadian Payments Association rules to receive written notification or require advance notice of a regular recurring Pre-Authorized Debit (PAD) from my/our bank account prior to each PAD being processed.

___ The Payor(s) have certain recourse rights if any debit does not comply with this PAD Agreement. For example, the Payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on recourse rights, contact your financial institution or visit www.cdnpay.ca.

___ I/We have read and understand the Terms and Conditions.

Signature of Account Holder: _____ Date: _____

Signature of Joint Account Holder: _____ Date: _____