PRE-AUTHORIZED PAYMENT PROGRAM ENROLLMENT FORM

Municipality of Markstay-Warren

Name of Property Owner
Mailing Address
Phone Number
Email Address
Roll Number (for property taxes)
Utility Account Number (for utility bills)

ENROLLMENT TYPE

☐ Property Taxes

☐ Utility Bills

INSTALLMENT PLAN

☐ Withdrawals on each tax/utility installment due date

MONTHLY PLAN

Monthly withdrawals on:

- ☐ 10th of each month
- ☐ 20th of each month

BANKING INFORMATION

FINANCIAL INSTITUTION – PLEASE ATTACH VOID CHEQUE

AUTHORIZATION

I/we authorize the Municipality of Markstay-Warren and the financial institution named above to debit my/our account for property tax and/or utility bill payments in accordance with the selected plan.

I/we acknowledge that:

- An **NSF/returned item fee will apply as set out in the Municipality's Fees and Charges By-law**.
- Participation may be cancelled if **three (3) NSF/returned payments occur within a twelve (12) month period**.
- Interest and penalties on unpaid amounts will apply in accordance with municipal by-laws and legislation.

CERTIFICATION

I/We do hereby certify that the information contained in this form and attachments, if applicable, is true and correct

_____ _____

Signature Date

_____ _____

Signature Date

Personal Information Disclosure

Personal information on this form is collected under the authority of the **Municipal Act, 2001, S.O. 2001, c. 25** and will be used for the purpose of administering the Municipality of Markstay-Warren Pre-Authorized Payment Program for property taxes and utility bills. Questions about the collection of this information should be directed to:

Treasurer, Municipality of Markstay-Warren
21 Main Street South, Markstay, ON, P0M 2G0
705-853-4536 ext. 203

For Office Use Only

Confirmed with property owner on: _____

☐ Property Tax Amount ☐ Utility Bill Amount

Completed on: _____

Completed by: _____

Treasurer Signature: _____ Date: _____