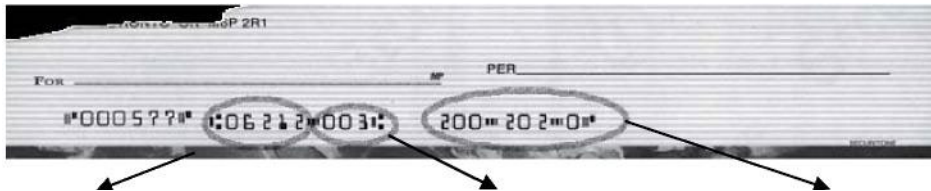




Applicant Information

CHOOSE ONE OF THE FOLLOWING: MONTHLY DUE DATE ARREARS	
If an option is not selected, you will be enrolled in the Monthly-Instalment Plan	
Assessment Roll Number (19 digits): 4329-	
Property Address:	
Property Owner(s):	
Signature*:	Signature*:
My/our application is for <u>Personal</u> or <u>Business</u>	
* By signing this form, you agree to the terms and conditions listed on page 2. Please provide additional signatures, if more than one signature is required on cheques.	
Date (YYYY/MM/DD):	Date (YYYY/MM/DD):
Telephone (Day):	EMAIL:

PP



Financial Institution (FI) Transit Number:	FI Number:	Account Number:
FI Name:		
FI Address:		

Financial Institution Information – Attach Void Cheque

Pre- Authorized Tax Payment**Conditions**

I/we authorize the Township of Clearview (herein referred to as "Clearview") and the financial institution designated authorization at any time to begin deductions as to the type of plan selected on this application (namely the installment, monthly OR arrears payments plan).

I/we understand that Clearview will issue a tax bill/tax notice indicating the amount of my/our installments and the dates of withdrawal from my/our financial institution account. Clearview will notify me/us in writing at least 10 days prior to the date of the withdrawal if the amount is to be increased. **I/we can waive our right to this notice requirement if I/we authorize Clearview in writing/email.**

I/we understand that I/we may cancel my/our PAD agreement by providing a signed written notice to Clearview at least 15 days before the next debit is scheduled and the notice must be sent/emailed to Clearview address indicated on this form. I/we also understand that Clearview may terminate this authority if any of my/our payments are returned by my/our financial institution as per the conditions of enrolment in Clearview's Pre-Authorized Tax Payment Program.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may visit www.cdnpay.ca or may contact my/our financial institution.

Important Information

I/we understand that all taxes must be in good standing to qualify for Monthly or Due Date Plan. The application date will be the date received if not completed.

You will receive written/email confirmation of your enrolment in this program within 15 days of receipt of your application form.

Financial institution/banking information is not printed on the bills.

Line of credit accounts and credit card cheques cannot be used for pre-authorized payments.

The payment plan is not transferable to another account.

Supplementary/Omitted tax bills and statements or other charges cannot be paid through this program.

You must complete, sign and return this full form to register. Incomplete forms will be returned.

Submit Applications and Documents

Mail: Township of Clearview

C/O Tax Department

Box 200,

217 Gideon St

Stayner, Ontario L0M 1S0

Email: tax@clearview.ca