

**THE CORPORATION OF THE CITY OF BROCKVILLE**  
**ELECTRONIC PRE-AUTHORIZED PAYMENTS FOR PROPERTY TAX**

You are able to pay your taxes using our pre-authorized debit option. Payment is made automatically on the first banking day of each month or your amount due on interim and final due dates. Download this form for more information to set up pre-authorized debit. This form along with a void cheque can be emailed to [taxation@brockville.com](mailto:taxation@brockville.com), mailed or dropped off at City Hall.

**HOW CAN YOU JOIN?**

Complete and sign the enrolment/authorization form below.  
Attach your personal unsigned blank cheque, marked **VOID**.  
Mail or deliver this form and voided cheque to:

The Corporation of the City of Brockville,  
P.O. Box 5000,  
1 King Street West,  
Brockville, Ontario K6V 7A5  
Attention: Customer Service Office

or completed form and copy of voided cheque may be faxed to (613) 342-2261  
or Emailed to: [taxation@brockville.com](mailto:taxation@brockville.com)

✂.....cut here, and return bottom portion to Customer Service Office.....

**PRE-AUTHORIZED PAYMENT AUTHORIZATION**

Roll #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name(s): \_\_\_\_\_

Mailing Address: (if different from above)

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Financial Institution #: ( 3 digits ) \_\_\_\_\_ Transit #: ( 5 digits ) \_\_\_\_\_

Bank Account #: \_\_\_\_\_ *(Please attach voided cheque)*

I agree that a pre-authorized debit in the full amount of the invoice will be withdrawn from my account on the due date.  
I acknowledge that I have read and understood all the provisions in the terms and conditions of the pre-authorized payment enrolment and that I have received a copy.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **TERMS AND CONDITIONS**

I (we) authorize the payee (The Corporation of the City of Brockville) to debit my (our) account as indicated on the attached void cheque under the terms and conditions agreed to by me (us) with the payee until such time as a written notice to the contrary is given. I (we) agree that delivery of this authorization to the Payee constitutes delivery by me (us) to the Financial Institution. I (we) will notify the Payee in writing of any changes in the account information or termination of this authorization \*\*14 days \*\* (2weeks) prior to the next due date of the pre-authorized debit.

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 debit that is not authorized or is not consistent with his PAP agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

## **REGULATIONS**

1. Taxpayers must not have arrears on their account in order to join the plan.
2. A taxpayer will pay the taxes in accordance with the instalments as established. Failure to remit the required payment will result in the imposition of interest payable at the prevailing rate for each month or fraction thereof.
3. Taxpayers who do not have sufficient funds to cover a payment will be levied the charge for a returned payment.
4. Taxpayers who have two instances of insufficient funds will be taken off the payment plan.
5. Taxes will be due and payable on the due dates as established by Brockville City Council from time to time. Failure to remit the required payment will result in the imposition of interest payable at the prevailing rate for each month or fraction thereof.
6. Supplementary billings will not be included in the payment plan and will be billed separately.
7. An annual fee will be charged to all participants on the final tax due date of \$8.00 (subject to change)

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement. The Corporation of the City of Brockville may, cancel or suspend the right to pay the tax account by this payment method on ten days notice.