

Main Administration Office
6544 New Dublin Rd
RR 2
Addison, ON K0E 1A0



Tel: (613) 345-7480
1-800-492-3175
Fax: (613) 345-7235
Email: taxes@ektwp.ca

Pre-Authorized Payment Plan Application

How Can You Join?

- Indicate which payment plan you wish to join.
- Complete and sign the enrollment/authorization form below.
- Attach your personal blank cheque marked **VOID**.
- Mail or deliver the enrollment/authorization form and void cheque to the Township office at the above address.
- Only ratepayers with no arrears will be permitted to enroll in the Due Date or Monthly Plan. The plan may be cancelled by the ratepayer provided written notice is given at least 15 days prior to a payment date or by the Township if two installments fail to be honoured.

1. **Due Date Method:** Under this option you will continue to receive tax bills twice a year. The installment amounts shown on the bill are withdrawn on the due dates. This option would eliminate the need to send us three post-dated cheques. Your bill will indicate that you are on the pre-authorized payment plan and would be marked as your receipt.
2. **Monthly Payments:** This plan runs from January to December of each year with twelve payments due the first business day of each month. Payments will be based on the previous year's taxes, until the tax rates are set and the final tax amounts confirmed. You will continue to receive a final tax bill each year for your records, indicating that you are on the pre-authorized payment plan and notices will be mailed any time your monthly payment is adjusted.
3. **The Basic Plan:** This plan is designed for accounts with existing arrears. It allows you to set payments you can afford in order to clear up outstanding taxes; however outstanding taxes continue to accrue penalties. Payments are withdrawn monthly on the first business day of the month.

I hereby authorize the Township of Elizabethtown-Kitley to debit my/our account for payment of municipal/school taxes. All future bills will be paid through pre-authorized payment unless cancelled in writing at least fifteen days prior to a due date.

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Due Date Method: ☐ Monthly Payments: ☐ Basic Plan: ☐

Name: _____ Date: _____

Phone Number: _____ Property Location: _____

Roll Number: _____ Signature(s): _____

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Please do not forget to enclose a sample cheque marked *VOID*. Please call the above office for further information.