



**THE CORPORATION OF THE CITY OF STRATFORD**

**PRE-AUTHORIZED PAYMENT PLAN ENROLMENT FORM**

Phone: 519-271-0250 Ext. 209 Fax: 519-271-4357 Email: taxinfo@stratford.ca

**How Does the Plan Work:**

The Pre-Authorized Payment Plan enables you to pay your tax bills directly from your bank account. The City does not charge for this service; however normal bank service charges may apply.

**Choose the Plan That's Right for You:**

**Option 1: Monthly**

This plan runs from January to December with withdrawal on 1<sup>st</sup> day of each month. The first six monthly payments are based on the previous year's tax levy. The final six monthly payments are adjusted to reflect the actual taxes for the year. You will be notified of any changes in your monthly withdrawal amount.

**Option 2: Instalment Due Dates**

Your bills will be sent to you as usual. The instalment amount will be withdrawn from your account on the instalment due date. To have the plan in place for the current tax instalment, please ensure this application is received in our office at least 15 days before the first due date.

**What if I change chequing accounts?**

If you change your bank account, a new void cheque is required at least TWO WEEKS prior to the next payment date.

**How can the plan be terminated?**

You may withdraw from the Plan by giving written notice at least TWO WEEKS prior to the next payment date. If two withdrawals from your account fail to be honoured by your financial institution the Tax Dept. may cancel the agreement. You will be assessed the City's normal NSF administration fee. If you withdraw from the Plan or your Plan is cancelled, all unpaid taxes become due and payable, and are subject to the standard penalties.

**Any Questions?**

If you have any questions about this Plan, please call the Tax Department at 519-271-0250 Ext. 209 or taxinfo@stratford.ca

**INDICATE OPTION:**

**MONTHLY (\*Call Tax office for start-up figures)**

**INSTALMENT DATES (4 PYMTS-FEB, APR, AUG & OCT)**

Name	Property Address
Mailing Address	Roll Number

I/we hereby authorize my/our Financial Institution to debit my/our account indicated below for all estimated property taxes payable for Municipal and Educational purposes.

Name of Bank, Trust Company or Financial Institution \_\_\_\_\_

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Branch address: \_\_\_\_\_

Account No: \_\_\_\_\_

\_\_\_\_\_

Branch                      Inst.                      Acct. Number

Complete Account Number (As indicated on personal cheque) **and attach void cheque**

\_\_\_\_\_  
Date

Telephone: Bus-( ) \_\_\_\_\_

CELL/Res-( ) \_\_\_\_\_

\_\_\_\_\_  
Signature(s)

E-MAIL \_\_\_\_\_

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account. Return this application to City Hall, Tax Dept., **ALONG WITH YOUR VOID CHEQUE**. Form and Void Cheque can be faxed to: 519-271-4357 or email: taxinfo@stratford.ca

The personal information requested on this application form is collected under the authority of the "Municipal Act,2001" and will be used by Corporate Service staff. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario N5A 6W1 or by telephoning 519-271-0250 ext. 329 during business hours.