

Renseignements généraux

General Information

Enjoy the Convenience of Pre-Authorized Tax Payments

If you own property in the Town of Smooth Rock Falls and have no outstanding taxes, you can register for convenient pre-authorized tax payments. You can enroll any or all of your properties in this program.

Plan 1 Monthly Convenience: Taxes will be automatically withdrawn from your bank account on the first day of each month from January 1 to November 1. One adjustment on December 1 will withdraw final taxes owing.

Plan 2 Tax Instalment Payments: Tax instalments will automatically be withdrawn from your bank account on tax due dates.

If you wish to withdraw from the Pre-Authorized Payment Plan, or wish to make changes to your banking information, you must notify the Tax department in person or in writing by the 15th day of the month.

To obtain a sample cancellation form, or for more information on your right to cancel a Pre-Authorized Debit or Payment Agreement, contact your financial institution or visit www.cdnpay.ca

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

An administrative fee will be applied to your account for payments not cleared by your financial institution and penalty charges will apply. Failure to abide by the terms of the plan may result in cancellation of enrolment.

ROLL NUMBER Numéro de rôle

5	6	4	8	0	0	0	0	0											
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This agreement is for (check one): Personal Business Use

Cet accord est à usage (cochez un) : Personnel Professionnel

Name / Nom : _____

Property Address / Adresse de la propriété évaluée: _____

City / Ville _____ Prov. / Province _____ Postal Code / Code postal _____

Mailing Address (if different) / Adresse postale (si elle est différente) _____

Home Phone / Téléphone à domicile : _____ Business Phone / Téléphone d'affaires : _____

I/We authorize the Town of Smooth Rock Falls to debit my/our account for all estimated taxes applicable to the above noted assessed property. This authorization may be cancelled at any time upon written notice by me/us.

J'autorise (« Je » s'applique à toutes les personnes signataires) la Ville de Smooth Rock Falls à débiter mon compte de l'estimation des impôts applicables au bien évalué indiqué ci-dessus. Je peux annuler cette autorisation en tout temps en envoyant un avis par écrit.

I/we agree to (check one)

- Monthly plan**
(withdrawals on the first day of each month)
- Instalment plan**
(withdrawals four times yearly on the tax instalment due date)

J'accepte de payer les impôts selon le suivant (cocher un seul choix):

- Paiements mensuels**
(retraits le premier jour du mois)
- Paiements échelonnés**
(retraits quatre fois par année à la date d'échéance des paiements)

Signature _____

Signature 2 _____
(if applying on joint account/s'il s'agit d'une demande concernant un compte conjoint)

Date: _____

Please enclose a cheque from your account, unsigned but marked VOID. Line of Credit cheques are not eligible.

Veillez joindre un chèque de votre compte non signé et portant la mention « NUL ». Les chèques provenant d'une ligne de crédit ne sont pas acceptés.

Complete the following and attach a void cheque / Fournissez les renseignements ci-dessous et joignez un chèque nul:

(Sample only. Please complete the following using your personal financial account information.)
(Échantillon : Veuillez remplir ce qui suit en indiquant vos renseignements sur votre compte personnel.)

_____|_____|_____|_____|_____|_____|
Branch Transit # / Numéro de
transit de la succursale : (5 digits / chiffres)

_____|_____|_____|_____|_____|_____|
Financial Institution # / Numéro
d'institution financière: (3 digits / chiffres)

_____|_____|_____|_____|_____|_____|
Account # / Numéro de compte

Financial Institution Name / Nom de l'institution financière : _____

Branch Address / Adresse de la succursale : _____

Return this completed application form to the Town of Smooth Rock Falls
mail to: **Corporation of the Town of Smooth Rock Falls**
142 First Avenue, P.O. Box 249
Smooth Rock Falls, ON P0L 2B0
Fax: **Fax # 705-338-2584**
Email: yvan.marchand@townsrf.ca

Faites parvenir le formulaire rempli à l'Hôtel de Ville de Smooth Rock Falls
Par la poste : **Corporation de la ville de Smooth Rock Falls**
142 première Avenue, C.P. 249
Smooth Rock Falls, ON P0L 2B0
Fax : **Fax # 705-338-2584**
Courriel : yvan.marchand@townsrf.ca