



# Municipality of Dysart et al Pre-Authorized Payment Plan

- Option 1: Installment Due Date Plan** - The tax installment amounts will be withdrawn from your bank account on the installment due dates. To enroll, the tax account must be paid up to date with no past due balance.
- Option 2: 10 Month Payment Plan\*** - The first five months, February to June, monthly payments are the Interim Tax Bill divided into five equal payments. The next five months, July to November, monthly payments are the Final Tax Bill divided into five equal payments. To enroll, the tax account must be paid up to date with no past due balance.
- Option 3: Arrears Monthly Payment Plan\*** - Monthly payments in the amount of \$\_\_\_\_\_. Amount must be approved by the Tax Department. Penalty will continue to be applied to past due tax balances. Payments will be applied to penalty first, and then applied to taxes.

\*Monthly payments will be withdrawn on the last business day of the month.

Check the plan you wish to participate in and return this form, along with a void cheque, to this address:

The Municipality of Dysart et al; Tax Department  
135 Maple Ave. PO Box 389; HALIBURTON, ON K0M 1S0

PROPERTY TAX ROLL NUMBER: 46-24-\_\_ \_\_ -000-\_\_ \_\_ \_\_ -\_\_ \_\_ \_\_

OWNER NAME(S): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

CHEQUING ACCOUNT NUMBER: \_\_\_\_\_ TRANSIT NUMBER: \_\_\_\_\_

I/We accept the terms and conditions herein defined and authorize the Municipality of Dysart et al to debit the bank account per attached void cheque for payments applied to the above identified tax account in accordance with the selected payment option.

I/We understand that should any payment be dishonoured by the financial institution for any reason, a \$40.00 fee and eligible penalty of 1.25% per month will be applied to the account. If payment is not replaced prior to the next scheduled withdrawal date, participation in the program will be cancelled by the Municipality.

I/We understand that written notification to make a change or to cancel this Agreement is required to be received by the Municipality of Dysart et al Tax Department, at least fifteen (15) days prior to the next scheduled withdrawal.

SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_  
(For joint accounts, all parties must sign this form)

**PLEASE ATTACH A VOID CHEQUE**