



Pre-Authorized Payment (PAP) Plan Form

To apply, change or cancel complete form below, and return by email (finance@caledon.ca), fax or mail to the Town of Caledon.

If you want to save time, spread out your payments and avoid late payment charges, then the pre-authorized payment plan is right for you. We have two different pre-authorized payment plans available. The 10-month plan and the 4-month installment plan. If your scheduled withdrawal date is a weekend or statutory holiday it will be made on the next business day. Enrollment is automatically renewed annually.

To enroll you must have no outstanding taxes owing, not pay your taxes through your mortgage and your last tax assessment was a full assessment. You must notify the Town of Caledon at least 30 days before your next payment is due to cancel or to change your banking information. If your request to cancel PAP is not received 30 days before your next payment is withdrawn, you will be charged a fee if you request the payment be refunded.

Terms & Conditions

1. Enrollment is automatically renewed annually – information about the next year’s payment amount will be included on your final tax bill.
2. If a payment is not met for any reason, you will be subject to a finance charge and applicable penalties – all amounts will be added to your next payment.
3. If any two payments are not met, your enrollment in the pre-authorized payment plan will be terminated.
4. To be removed from the plan, or if banking information changes, you must notify the Town of Caledon in writing at least 30 days before the next payment is due. If your request to cancel PAP is not received 30 days before your next payment is withdrawn, you will be charged a fee if you request the payment be refunded.

Assessment Roll Number: 2124. _____

Property Owner First/Last Name(s): _____

Property Address: _____

Telephone Number: (_____) _____ Email: _____

Pre-Authorized Payment (PAP) Plan – New PAP

I would like to enroll in the Pre-Authorized Payment Plan for my property taxes. I have read, understood and accept the Terms and Conditions set out herein by submitting this form. A **void cheque** is attached, which authorizes the Town of Caledon to debit the corresponding account according to the option I selected below.

Plan Option: (select one) Preferred effective date: _____

10-month plan (January to October) 1st of each month OR 15th of each month

Each payment will be automatically deducted directly from your bank account on the FIRST or the FIFTEENTH day of each month from January through October. In June of each year, you will receive a final tax bill advising you of your pending deductions from July through October. This amount will be based on your current year’s taxes, minus your payments from January through June. This bill will also outline the deductions for the following year. Please keep this bill as your income tax receipt. Where the first or the fifteenth (as applicable) is a weekend or statutory holiday, withdrawals will be made on the next business day.

4-month installment plan (March, May, July, September)

Your annual property tax pre-authorized payment plan withdrawals are divided into 4 installments (March, May, July, September), corresponding with the regular tax installment dates.

Pre-Authorized Payment (PAP) Plan – New PAP (continued)

I authorize my bank to debit my account each month as indicated above for all payments payable to the Corporation of the Town of Caledon.

I accept the terms and conditions herein defined and authorize the Town of Caledon to begin deductions for payment of my tax account for the amount specified on my property tax bill.

I will ensure that the funds will be available each month to cover the PAP withdrawal. I understand and agree that insufficient funds will result in applicable finance charges that I will be responsible for paying and that will be added to the property tax account. I understand that insufficient funds may result in cancellation of my enrolment in the payment plan.

Your treatment of each payment shall be the same as if I had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my account.

This authority is to remain in effect until cancelled by either myself or the Town of Caledon by written notification and given a reasonable opportunity to act. Any delivery of this authorization to you constitutes delivery by me.

The Town of Caledon provides this Pre-Authorized Debit Program in accordance with the rules established by Payments Canada.

I understand and acknowledge that personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the pre-authorized payment process. Questions about this collection should be directed to the Municipal Freedom of Information Coordinator, 6311 Old Church Road, Caledon ON L7C 1J6, 905.584.2272.

Property Owner Signature(s): _____ Date: _____

Pre-Authorized Payment (PAP) Plan – Change to existing PAP

I would like to make changes to my existing enrollment in the Pre-Authorized Payment Plan for my property taxes. I have read, understood and accept the Terms and Conditions set out herein by submitting this form.

Type of Change: (select one) _____ Preferred effective date: _____

new bank account

A **void cheque** is attached, which authorizes the Town of Caledon to debit the corresponding account with the Option selected when I initially enrolled.

switch from 4-month installment plan to 10-month plan 1st of each month OR 15th of each month

The Town is authorized to debit the bank account I provided when I initially enrolled taking into account, I selected to change my existing plan option.

switch from 10-month plan to 4-month installment plan

The Town is authorized to debit the bank account I provided when I initially enrolled taking into account, I selected to change my existing plan option.

Property Owner Signature(s): _____ Date: _____

Pre-Authorized Payment (PAP) Plan – Cancel PAP

I would like to cancel my existing enrollment in the Pre-Authorized Payment Plan for my property taxes. The Town of Caledon is no longer authorized to debit my bank account. I have read, understood and accept the Terms and Conditions set out herein by submitting this form. I understand that the Town of Caledon needs 30 days advance notice to cancel a pre-authorized payment.

Preferred effective date: _____

Property Owner Signature(s): _____ Date: _____