

Please Return to:
Tax Department
City Of Guelph
1 Carden St.
Guelph ON N1H 3A1



Making a Difference

For more information:
E: tax@guelph.ca
T: 519-837-5605
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guelph.ca/tax

CUSTOMER AGREEMENT & AUTHORIZATION FORM

PRE-AUTHORIZED DEBIT (PAD) PLAN FOR CITY OF GUELPH PROPERTY TAXES

****TAXES MUST BE UP-TO-DATE TO BE ELIGIBLE FOR ONE OF THE PAYMENT PLANS****

STEP ONE - PLEASE SELECT A PLAN:

MONTHLY BUDGET PLAN

Eleven (11) Payments
November - September
Last banking day of the month

MONTHLY BUDGET PLAN

Nine (9) Payments
January - September
Last Banking day of the month

MONTHLY BUDGET PLAN

Twelve (12) Payments
January - December
15th of the month

INSTALMENT ONLY PLAN

Four (4) Payments
On the tax due date

REQUESTED PLAN START DATE

____/____/____
Month Year

STEP TWO - PROPERTY AND TAXPAYER INFORMATION: (PLEASE PRINT)

Roll Number: 23 - 08 - _____ - _____ - _____ - 0000

Municipal Address of Property: _____

Assessed Owner's Name(s): _____

This application is made on behalf of: A Person A Business

Owner's Mailing Address: _____

(City) (Province) (Postal Code)

Owner's and Contact's Email Address: _____

Owner's and Contact's Telephone Number: (____) - _____ - _____

STEP THREE - FINANCIAL INSTITUTION INFORMATION:

PLEASE ATTACH A VOID CHEQUE OR BANK LETTER

(Sample only)



Branch Transit # (5 digits)

Financial Institution # (3 digits)

Bank Account #

Financial Institution Name (FI): _____

Branch Address: _____

I/We authorize the City of Guelph, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments or one time payments from time to time, for payment of all charges arising under my/our City of Guelph Property Tax account(s). Regular monthly payments will be debited on the 15th or the last working day of each month. Instalment plan customers will have their payments debited on the instalment due date. The City of Guelph will provide written notice of the amount for the debit in advance of the debit date(s) This authorization remains in effect until the City of Guelph Tax Department has received written notification from me/us of its change or termination. This notification must be received in writing at least 10 days prior to the next scheduled debit. I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to reimbursement for any PAD that is not authorized or is inconsistent with this PAD agreement. To obtain further information I/we may contact my/our financial institution or visit cdnpay.ca

STEP FOUR: If multiple signatures are required to issue a cheque or authorize a debit on the bank account being used for the PAD plan, please ensure they all sign below.

*** Authorized Signature(s) _____ Date: _____

*** Authorized Signature(s) _____ Date: _____