

Please Return to:
Tax Office
City of Guelph
1 Carden St.
Guelph, ON N1H 3A1



For more information:
tax@guelph.ca
T: 519-837-5605
F: 519-837-5647
guelph.ca/tax

Making a Difference

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:

<input type="checkbox"/> MONTHLY BUDGET PLAN Nine (9) Payments January – September Last banking day of the month	<input type="checkbox"/> MONTHLY BUDGET PLAN Eleven (11) Payments January - November Last banking day of the month	<input type="checkbox"/> MONTHLY BUDGET PLAN Twelve (12) Payments January - December 15 th of the month
<input type="checkbox"/> 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

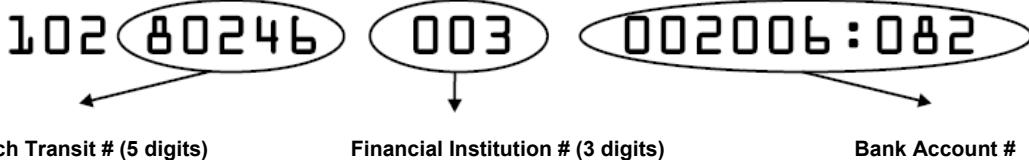
Owner's Mailing Address: _____

(City) (Province) (Postal Code)

Owner's and Contact's Email Address: _____

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

STEP THREE - PLEASE ATTACH A VOID CHEQUE OR BANK LETTER CLEARLY INDICATING THE INFORMATION BELOW



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 business 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 payments.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: _____

Personal information is being collected and will be used to administer the pre-authorized debit (PAD) plan for tax payments program. Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. If you have questions about the collection, use or disclosure of this personal information please call 519.822.1260 extension 2349 or email privacy@guelph.ca