



Pre-Authorized Tax Payment Plan
ARREARS PLAN - APPLICATION FORM

Tax Roll no. (appears on your Final Tax Bill) [Grid with dashes]

Property Location \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Number [Grid] - [Grid] - [Grid] Business Number [Grid] - [Grid] - [Grid]

I have attached a blank cheque1 marked "VOID"

1We are not able to accept savings, line of credit accounts or credit card cheques.

Please indicate if this application is made on behalf of [ ] an individual or [ ] a Business

PLEASE ENROLL ME/US IN THE 12-MONTH ARREARS PLAN.

The 12-month arrears plan is a payment option available to tax accounts in tax arrears, but not tax registration. Penalties and interest on taxes in arrears shall apply pursuant to City of Kingston by-laws (1.25% per month (15% per annum) as of September 2010), imposed on the first day of default and the first day of each month thereafter in which default continues. Payments will be withdrawn on the last working day of each month.

Amount to be withdrawn: \*\$\_\_\_\_\_ \*subject to approval by Tax Supervisor

TERMS AND CONDITIONS

I(we) authorize the City of Kingston to debit the account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me(us) with the City of Kingston until such time as written notice to the contrary is given.

I(we) acknowledge that delivery of authorization to the City of Kingston constitutes delivery by me(us) to the branch of the financial institution of which I(we) maintain an account and that such financial institution is not required to verify that the payment(s) are withdrawn in accordance with this authorization.

I(we) acknowledge that this authorization is account specific and non-transferable. I(we) will reapply for PTP plan on a new property if within the City of Kingston.

I(we) will notify the City of Kingston in writing a minimum of fifteen (15) days prior to the next due date of the pre-authorized debit of any changes in the account information or termination of the authorization.

I(we) acknowledge that we will be terminated from the PTP plan after two (2) payments have been returned by my(our) bank OR if no replacement cheque is received after the first returned payment, and that administrative and interest charges will apply. If any of my(our) PTP plan payments do not clear through my(our) bank account, the City will charge me(us) an applicable administrative fee and interest charges.

I(we) have certain recourse rights if any debit does not comply with this agreement. For example, I(we) have the right to receive reimbursement for any PTP that is not authorized or is not consistent with the PTP agreement. To obtain a form for a Reimbursement Claim or for more information on my(our) recourse rights, I(we) may contact my(our) financial institution or visit www.cdnpay.ca.

I(we) authorize the City of Kingston to debit my(our) bank account, starting on the last day of \*, \_\_\_\_\_, 20\_\_

Please print name(s) \_\_\_\_\_ Date: \_\_\_\_\_

Please sign name(s) \_\_\_\_\_

Return application to: CITY OF KINGSTON, Tax Department
216 Ontario Street, P.O. BOX 640,
Kingston, ON K7L 4X1

\*Submit your application before the 15th day of the month prior to starting date.

For more information about the PTP plan, call 613-546-4291 ext. 2015