



Pre-Authorized Payment Plan (PAP) & Automatic Tax Installment Withdrawal (ATIW) Terms & Conditions

1. I (We) authorize the payee to debit my (our) account as indicated on the attached "VOID" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.
2. I (We) acknowledge that delivery of (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account, and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
3. I (We) will notify the payee in writing of any changes in the account information or termination of this authorization at least 15 business days prior to the next due date of the pre-authorized debit.
4. A returned fee and penalty/interest will be applied to my (our) account should my (our) payment be returned due to insufficient funds (NSF) or any other reason by my (our) financial institution.
5. I (We) acknowledge the Township may cancel my (our) participation in the payment plans if any 2 payments are returned due to insufficient funds (NSF) or any other reason by my (our) financial institution.
6. I (We) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.
7. The Township of The Archipelago, may, at its sole option, cancel or suspend the right to pay the tax account pursuant to the authorization:
 - Without notice if any cheque or other order is not paid by the financial institution;
 - Without notice if any electronic transfer is not completed; or
 - Otherwise, on 14 days notice.
8. Only ratepayers with **no arrears** will be allowed to enroll in the pre-authorized plan.
9. The Installment Plan (ATIW) will consist of payments equivalent to the amount shown on the Interim and Final Tax bills, on the due dates shown. These include:
 - 2-Installment Plan – The Township will debit your bank account on the due date in March for the interim tax bill full amount, and in July for the final tax bill full amount.
 - 4-Installment Plan – The Township will debit your bank account on the due dates of the interim tax bill and final tax bill (2 installments per tax bill).
10. The Pre-Authorized Monthly Payment Plan will begin February for the current year's taxes. It will consist of 10 equal monthly payments. In June of each year, the Township will recalculate your payment plan and adjust July to November payments to reflect the current year's actual taxes.

Questions or Concerns

If you require additional information, please contact the Township office at 705-746-4243 between 8:30 am and 4:30 pm, Monday to Friday, or email finance@thearchipelago.ca



Pre-Authorized Payment Plan (PAP) & Automatic Tax Installment Withdrawal (ATIW) Application

Name(s) _____

Mailing Address: _____

Home Phone #: _____ Work Phone#: _____

Cell Phone#: _____ Cottage Phone#: _____

Email: _____

Archipelago Civic Address: _____

Assessment Roll Number: 49-05- _____ -0000

(please include additional Archipelago civic addresses and assessment roll numbers on an extra sheet of paper)

Select your plan of choice:

PAP ___ **Monthly Payment Plan** (10 payments February to November)
Effective on the 15th of _____ or the Last Business Day of _____.

ATIW ___ **2-Installment Payment Plan** (2 payments per year)

ATIW ___ **4-Installment Payment Plan** (4 payments per year)

Bank Name: _____

Bank Address: _____

Bank Code: (3 digits) _____ Transit Code (5 digits): _____

Account Number (7-11 digits): _____

IMPORTANT: A cheque marked "VOID" must be returned along with the completed agreement.

Once registered, you will automatically be enrolled in subsequent years, unless you notify the Township of The Archipelago. 15 business days written notice must be provided to cancel or change the plan. The 15 business days notice also applies to any changes to your banking information.

I/We acknowledge that I/We have read and agree to the terms and conditions with this application.

Authorized Signature 1: _____ Date: _____

Authorized Signature 2: _____ Date: _____

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against this account.