



Township of Augusta

3560 COUNTY RD 26
PRESCOTT, ON.
K0E 1T0
Phone – 613-925-4231
Fax – 613-926-1322

Pre-Authorized Payment (PAP) Plan Enrollment Form

Please complete application, sign and return this original by Mail to the above address,
And please be sure to enclose a **VOID Cheque**.
For additional information please contact us at 613-925-4231

Customer Information	
Pre-Authorized Payment Program:	<input type="radio"/> Personal <input type="radio"/> Business
Roll Number:	
OWNER(S):	
Property Address:	
Mailing Address:	
Phone Number Home -	Cell Number-
Email Address-	Contact Name-
Pre-Authorized Payment Details	
If you are selecting the DUE DATE OPTION , please print your name below and check this box: I, _____, authorize the Township of Augusta to debit my bank account on the due date for the amount of my interim and final Property taxes. This is a continual agreement until the Township is notified in writing canceling this agreement. (See below)	
If you are selecting the MONTHLY PAYMENT OPTION , please print your name below and check this box: I, _____, authorize the Township of Augusta to debit my bank account on the 15th of each month . This is a continual agreement until the Township is notified in writing canceling this agreement. (See below) Starting Date _____ AMOUNT \$ _____ *PAD Applicants will be notified in writing at least 30 days prior with their PAD monthly amount or PAD due date amount	
Change of Bank Account Information or Increasing / Decreasing Amount of Payment	
If there is a change of Banking information such as a new account and/or closed account, or you wish to increase the amount we are debiting your bank account, please provide us in writing at least fifteen (15) Business days prior to the next scheduled debit.	
Non-Sufficient Funds / Returned Payments	
If your Pre-Authorized Payment is returned due to insufficient funds (NSF), a returned fee will be applied to your account. Also under the Canadian Payment Association regulations, two (2) NSF automatic debits will result in Cancellation of the program.	
Cancellation Terms	
This authorization may be cancelled upon notice by the registered owner(s) in writing to the Township of Augusta at least fifteen (15) business days prior to the next scheduled debit. To obtain a sample cancellation form, or for more information on your right to cancel a PAP Agreement, contact your financial institution or visit www.payments.ca .	
Recourse Statement	
You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit, www.payments.ca .	
I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE.	
DATE _____	SIGNATURE _____
DATE _____	SIGNATURE _____