



Property Tax Installment
Pre-Authorized Withdrawal Agreement

Property Address: _____ Folio No. _____

Surname: _____ First Name: _____

Mailing Address: _____ Postal Code: _____

(if different)

Phone (H): _____ Phone (W): _____ Email: _____

Type of Service: Personal

Provincial Home Owner Grant (check one):

Not eligible: _____ Basic: _____ Additional: _____ Date of Birth: _____

Monthly Payment Calculation:

Table with 4 rows: Last Year's Gross Taxes, TIMES: 1.03 (for estimated 3% increase), LESS: Home Owner Grant Claimed, EQUALS: Net Taxes. Includes a blue arrow pointing to 'Must be claimed by June 15 each year'.

Monthly Withdrawal

The amount calculated above is subject to change each year and will be withdrawn monthly from August 10 to May 10. This amount is an estimate based on the current year's taxes. The final payment will be withdrawn from your bank account on the first working day after July 1 each year.

I/we, the undersigned, hereby authorize the City of Campbell River to deduct monthly payments, in the amount specified above under "Monthly Payment Calculation", from my account for the purpose of prepaying property taxes on the 10th day of each month from August to May (10 equal payments).

I/we acknowledge that there may be increases in the amount of the calculated monthly installment beginning in August each year. Notification of any such changes will be detailed on your tax notice. By signing this application, I agree to any such increased deductions.

I/we certify that all persons whose signatures are required to sign on the account have signed this authorization.

The current charge for dishonoured payments will apply. The Collector reserves the right to cancel the privilege of participation in the program due to multiple dishonoured payments with written notice.

I/we may cancel this authorization by providing written notice to the Finance Department a minimum of two weeks prior to the next withdrawal date. The sale of the property does not automatically stop the PAWs payments. To obtain a sample cancellation form, or for more information on my right to cancel this agreement I may contact my financial institution or visit www.cdnpay.ca. There are NO REFUNDS under the plan.

I/we fully understand it is our responsibility to claim the Home Owner Grant, if eligible, every year by June 15th to ensure the correct amount is withdrawn from our bank account on the Property Tax due date. To avoid penalties, your completed Home Owner Grant MUST be received by the due date.

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

I/we have attached a copy of a void cheque to this application form.

Signature: _____ Date: _____

Signature: _____ Date: _____