



2297 Highway 12,
PO Box 130
Breachin, Ontario L0K 1B0
p. 705-484-5374
f. 705-484-0441

PAP AUTHORIZATION CERTIFICATE - TAX

I hereby authorize the Township of Ramara to withdraw payments from my bank account to pay my taxes in the following manner and to start on _____ 25th _____.

(INDICATE OPTION DESIRED)

Monthly payments January 25th to September 25th with the payment recalculated prior to the June payment

The regular tax instalments on the regular due dates
Feb 25, April 25, June 25 and Sept. 25

Equal monthly payments January 25th to December 25th based on a fixed payment amount of \$ _____ (Arrears Plan)

Roll # _____

Civic Address _____

Email Address _____

Name (Print) _____

Phone Number _____

Signature _____

Date _____

IMPORTANT NOTE: Please attach a VOID cheque, copy of a VOID cheque or direct deposit form from your bank.

There is a \$45.00 service charge applied for any payment that is returned by the bank.

NOTE: THIS AUTHORIZATION MAY BE CANCELLED OR CHANGED WITH 2 WEEKS (14 DAYS) WRITTEN NOTIFICATION BEFORE THE NEXT PAYMENT IS DUE.

Original - Township Photocopy - Property Owner

Letter will follow when updates to your monthly payments are made.

If requesting a payment to be returned, it is the decision of the Treasurer or Tax Collector to approve the request.

This request is also required in writing with notification of 14 days.