



Pre-Authorized Payment Application & Authorization Form (PAP)

Option 1: Monthly Payment Plan

Tax payments will be debited from your bank account on the 15th day of each month from February to November. Please note that your payment amounts for the July 15 to November 15 installments will be recalculated at the final billing, and will appear on your final tax bill.

Option 2: Due Date Method

The actual tax installments are debited from your bank account on the tax due dates.

To apply for the pre-authorized payment plan:

1. Your property taxes must be paid in full by December 1st of the previous year.
2. Complete and sign this enrollment/authorization form.
3. Attach your personal blank cheque marked "VOID".
4. Deliver this form along with a voided cheque to: Municipality of Brighton, 35 Alice St., P.O. Box 189, Brighton, ON, K0K 1H0. For further information call (613) 475-0670.

Property Roll No. _____ Account No. _____

Property Address _____

Owner Name _____

Mailing Address _____

Home Phone No. _____ Business Phone No. _____

Name of Bank _____ Bank Account No. _____

Bank Branch Address _____

PAP Service Type Personal Business (credit lines not acceptable)

I authorize the Municipality of Brighton to debit my account indicated for all estimated property taxes payable to the Municipality of Brighton, by (please check one):

Due Date Method

Ten Monthly Payments

The treatment of each payment shall be the same as if I had personally issued a cheque authorizing the debit to my account. All future bills will be paid through pre-authorized payment unless cancelled in writing at least fifteen (15) working days prior to the payment date. Accounts will be automatically removed from the PAP Plan if two (2) payments are returned by the bank (service charges will apply for returned items).

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

Signature _____ Date _____

Signature _____ Date _____

**A second signature is only required where more than one signature is required on cheques used against this account.

Office use: Bank Code _____ Monthly Amt _____ Start Date _____