



For Office Use Only

Tax Roll Number	Initial & Date
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City of Kenora – Tax Department  
 One Main Street South  
 Kenora, ON P9N 3X2  
 Tel: 807-467-2034  
 Fax: 807-467-2045

**Property Tax Pre-Authorized Payment Authorization**

Name (s) \_\_\_\_\_ Tax Roll Number \_\_\_\_\_

Name (s) \_\_\_\_\_ Type of Plan: Semi-annual \_\_\_ Monthly \_\_\_

Address: \_\_\_\_\_ Telephone: Res \_\_\_\_\_ Bus \_\_\_\_\_

City Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I (we) authorize the Corporation of the City of Kenora to process a debit, in paper, electronic or other form in the amount and date as agreed upon as indicated on the reverse to be applied against the above-noted roll number. This will begin on the date indicated below.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization as set out below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Terms and Conditions**

I (we) authorize the payee to debit my (our) account as indication 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.

I (we) acknowledge that delivery of my (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. Termination of this authorization does/may not terminate the contract for goods or services exchanged.

I (we) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

I (we) acknowledge that dishonoured payments will result in a Non-Sufficient Funds (N.S.F.) fee of \$25.00 and may result in the termination of the plan.

Items charged under any of the following conditions will be reimbursed subject to written notification to me (us) to the branch of account within 90 days:

- a) I (we) never provided authorization to the payee.
- b) The pre-authorized debit was not drawn in accordance with my (our) authorization.
- c) My (our) authorization was revoked.
- d) The debit was posted to the wrong account due to invalid incorrect information supplied by the payee.

I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

*Personal information contained on this form is collected pursuant to the Municipal Act, 2001 and will be used for the purpose of bank information for your account. Questions about this collection should be directed to: The Freedom of Information and Privacy Coordinator, City of Kenora, One Main Street South, Kenora, ON P9N 3X2 (807) 467-2295.*