

Town of Kapuskasing

PROPERTY TAXES

Pre-Authorized Payment Plan

Mail the Pre-Authorized Payment Enrollment / Authorization form to:

Corporation of the Town of Kapuskasing 88 Riverside Drive Kapuskasing, Ontario P5N 1B3 Attn: Tax Collector

How do I join? 1. Complete and sign the Enrollment/Authorization Form below. 2. Attach your personal blank cheque marked "void". 3. Mail or bring the form and void cheque to the Civic Centre, 88 Riverside Drive, Kapuskasing.

This authorization will not be required each year. In December you will be notified of the new monthly payment for the following year. If you are already enrolled in the payment plan, there is no need to reapply. QUESTIONS? Please call the Tax Collector at 705-335-2341. Our fax # is 705-337-1741.

PRE-AUTHORIZED PAYMENT ENROLLMENT			NAME(s):		
			Property address:		
Authorization form		Tax roll #(s):	Telephone: (home)	(business)	
PAYMEN	IT OPTION: please check ((√) one only:			
□ 0	PTION #1: monthly payme	ents on the 15th of the month			
	I (we) authorize the	e Town of Kapuskasing to process a debit,	in paper, electronic or other form equivalent to 1/2	12th of my (our) estimated yearly taxes	
	on my (our) accou	nt #	on the 15th day of each month.		
 0	PTION #2: monthly paymer	N #2: monthly payments on the last business day of the month			
	I (we) authorize the Town of Kapuskasing to process a debit, in paper, electronic or other form equivalent to 1/12th of my (our) estimated yearly taxes of				
	my (our) account #		on the last business day of each month.		
□ 0	PTION #3: amount due with				
	I (we) authorize the Town of Kapuskasing to process a debit, in paper, electronic or other form equivalent to the "actual amount due as billed" on my				
			on the due date approved by Council.		
Signature:		Signature:		Date:	