



## Township of Asphodel-Norwood

2357 County Rd. 45, Box 29

Norwood, ON K0L 2V0

1-705-639-5343

[www.asphodelnorwood.com](http://www.asphodelnorwood.com)

# Pre-authorized Tax Payment Programs

The Township of Asphodel-Norwood's Pre-Authorized Tax Payment Programs offer you two easy ways to pay your taxes with some added benefits.

- *savings on postage and cheque costs*
- *no lost, misplaced or mishandled cheques and no worries about missed due dates*
- *monthly instalment program allows for easier budgeting*
- *no standing in lineups and no service charges or fees apply*

## 1. Monthly Installment Program

- 10 instalment payments to be paid January through October
- Instalment payments are due on the 15<sup>th</sup> day of each month
- Instalment payments must be paid by automatic debit from taxpayer's bank account
- Property taxes cannot be past-due or in arrears
- January through July instalment payments are calculated on the previous year's tax levy
- August through October instalment payments are adjusted to reflect increase/decrease in the current year's total levy
- Final tax bills will include adjusted instalment payments for August through October
- On this program you will not receive an interim tax bill

## 2. Regular Instalment Program

- Interim and final instalments are withdrawn on each regular instalment due date

## Enrolment, Bank Account Changes and Program Cancellation

To enroll, make changes to your application or withdraw from the program, your application or written notice is required a minimum of 15 days prior to the next scheduled withdrawal.

## Selling your property?

Your pre-authorized program is **NOT** transferable. You must complete a new application form for your new home and cancel the application when you sell your home.

## Supplementary Taxes and Additional Tax Bills

Tax bills issued for supplementary assessments and additional charges will not be withdrawn automatically. They must, however, be paid by the due date indicated on those bills or your account will be removed from the pre-authorized program.

## Penalties

An administrative fee of \$25.00 will be applied to your account for payments not cleared by your financial institution. In addition, a penalty of 1.25 per cent will be added to your account. If the payment is not replaced in the specified time or if you have three returned items, you will be notified that your account has been removed from the pre-authorized program. Your account must be in current standing for one year in order to re-enroll in the program.



**Township of Asphodel-Norwood**  
2357 County Road 45, P.O. Box 29  
Norwood, ON K0L 2V0  
Phone: 705-639-5343 Fax: 705-639-1880  
www.asphodelnorwood.com

## ***Pre-authorized Tax Payment Application***

To enroll in one of the Township of Asphodel-Norwood's pre-authorized tax payment programs, please complete the form below and return to the Township Municipal Office.

**Contact:**

Township of Asphodel-Norwood  
2357 County Road 45, P.O. Box 29,  
Norwood, Ontario K0L 2V0  
Telephone: 705-639-5343  
Fax: 705-639-1880  
E-mail: [cwilford@asphodelnorwood.com](mailto:cwilford@asphodelnorwood.com)

I (we) hereby authorize the Township of Asphodel-Norwood to process a debit in paper, electronic or other form from my (our) account. The treatment of each payment shall be the same as if I/We had personally issued a Cheque authorizing payment and to debit this amount to my/our account.

New charges, such as supplementary and omitted assessments (for improvements or new construction) or outstanding charges added to the tax roll (throughout the year) are not included in the plan. **They must be paid for as they become due.**

I/We have attached a personal void cheque, (any account that requires two signatures must have the same on this application form) and have indicated below the plan that I/We wish to participate in:

**Monthly Installments (10 monthly payments): From January to October withdrawn on the 15th business day of each month.**

**Due dates for each installment of the interim and final tax bills**

I/We acknowledge that **CANCELLATION** of this plan must be given in **WRITING** by myself/ourselves or agent acting on my/our behalf, 15 days prior to the next deduction.

NAME(S) \_\_\_\_\_

NAME(S) \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TELEPHONE (RESIDENCE): \_\_\_\_\_

TELEPHONE(BUSINESS): \_\_\_\_\_

START DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(OFFICE USE ONLY) ROLL Number: \_\_\_\_\_