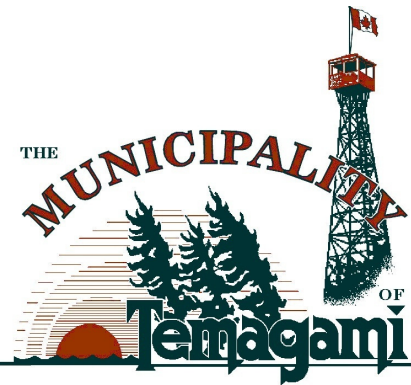


THE CORPORATION OF THE
MUNICIPALITY OF TEMAGAMI

P.O. BOX 220
TEMAGAMI, ONTARIO P0H 2H0
(705) 569-3421
FAX: (705) 569-2834
E-MAIL: visit@temagami.ca
WEBSITE: www.temagami.ca



Request for Pre-Authorized Payments Registration Form

Tax Account Number: _____ Roll Number: 4869 _____

Name(s)

Mailing Address

Telephone Number(s)

These services are for (check one) Personal: _____ Business: _____

I hereby authorize the Municipality of Temagami to withdraw payments from my bank account as follows: (Check One)

- Payments of regular due date installments shown on the property tax bill
- Equal monthly payments **starting** on the **15th** of _____ for \$ _____
- Equal monthly payments for tax arrears. This arrangement has been discussed with and approved by the Treasury Department.

I may revoke your authorization at any time in writing within 25 days prior to the next withdrawal. To obtain a sample cancellation form, or for more on my rights to cancel a PAD Agreements I may contact my financial institution or visit www.cdnpay.ca

Please Attach A Void Cheque

Signature: _____ Date: _____

Signature of Joint Account Holder: _____ Date: _____
(If applicable)

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

For more information on the Municipality of Temagami's Pre-Authorized Tax Payment Program, please contact the Municipal Office at 705-569-3421 ext 209 or by e-mail at accounts@temagami.ca