



Pre-Authorized Tax Payment Program

5 Barager Blvd
McDougall ON P2A 2W9
Tel.: 705-342-5252
Fax: 705-342-5573

The easy way to pay your Property Tax Bill

Please review and complete the Pre-Authorized Debit (PAD) agreement information below:

I/we authorize the Municipality of McDougall and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as to the type of plan selected on this application (namely the four or eleven installment plan).

I/we understand that the Municipality will issue a letter indicating the amount of my installments and the dates of withdrawal from my/our financial institution account.

I/we understand that I/we may cancel our agreement by providing written notice to the Municipality at least 15 days before the next debit is scheduled and the notice must be sent to the Municipality address indicated on this form. I/we also understand that the Municipality may terminate this authority if any of my/our payments are returned by my/our financial institution as per the conditions of enrolment in the Municipality Pre-Authorized Tax Payment Program.

If any of your pre-authorized payments do not clear through your financial institution account, the Municipality will charge you an administrative fee and penalty/interest.

YOUR ACCOUNT MUST NOT BE IN ARREARS IN ORDER TO BE SIGNED UP FOR THE PROGRAM

Payment Plan Dates

4-Installment Plan

March 21, 2024
May 23, 2024
August 22, 2024
October 24, 2024

11-Installment Plan

January 1, 2024
February 1, 2024
March 1, 2024
April 1, 2024
May 1, 2024
June 1, 2024
July 1, 2024
August 1, 2024
September 1, 2024
October 1, 2024
November 1, 2024

Questions about this program can be directed to the Municipality at

5 Barager Blvd,
McDougall ON P2A 2W9
Telephone 705-342-5252

Completed forms along with a void cheque can be emailed to Krissy Schneider at kschneider@mcdougall.ca

Please complete all fields including the full date YYYY-MM-DD (Year, Month, Day) and signature(s). Incomplete forms will be returned.

My/our application is for ☐ Personal or ☐ Business

I/we are applying for the ☐ 4-Installment Plan ☐ 11-Installment Plan

Enclose void cheque

If an option is not selected, you will be enrolled in the 11-Installment Plan.

Applicant Information

Assessment Roll Number: _____

Property Address: _____

Property Owner(s): _____

1. Signature*: _____

Date: _____

Telephone (Day): _____

2. Signature*: _____

Date: _____

Telephone (Day): _____

* Please provide additional signatures, if more than one signature is required on cheques issued against the account.

Canadian Financial Institution Information

In order to be signed up for the program you must attach a void cheque