



Policy 34

PRE-AUTHORIZED PAYMENT PLAN

POLICY PURPOSE

- 34.1 It shall be the policy of Municipality of the District of Shelburne to have clear terms and conditions to provide property owners the option of a pre-authorized payment plan.

POLICY DETAILS


- 34.2 To qualify for the pre-authorized payment plan all property owners must complete an enrollment form and provide a void cheque to Municipality of the District of Shelburne. This must be received at least ten (10) business days prior to the first withdrawal.
- 34.3 To qualify for the pre-authorized payment plan, a property owner's previous year's rates and taxes must be paid in full at the time of the application.
- 34.4 It is the responsibility of the property owner(s) to ensure tax payments equal the total amount owed. If there is an outstanding amount, it must be paid by June 30 each year or interest will be charged on outstanding balances at prevailing rate set each year at time of budget; refer to annual budget minutes when this rate is set.
- 34.5 Interest will not be paid on credit amounts accumulated on the account.
- 34.6 To change your banking information, property owners must provide a new void Canadian cheque at least ten (10) business days prior to their next monthly payment.
- 34.7 Pre-authorized payments rejected by the financial institution will be subject to service charges as established by Municipality of the District of Shelburne. This is in addition to any service charges applied by the financial institution.
- 34.8 If two payments are rejected by the financial institution within the fiscal year, Municipality of the District of Shelburne has the right to remove a property owner from the plan by sending them a letter notifying to them of such.
- 34.9 To cancel the pre-authorized payment plan, notification must be received by Municipality of the District of Shelburne at least ten (10) business days before the next debit is scheduled.
- 34.10 Each fiscal year, in July, Municipality of the District of Shelburne will review the tax accounts on the pre-authorized payment plan to ensure that they are up-to-date and paying off any remainder balances based on the current year tax rate. If customers have balances outstanding after June 30th, Municipality of the District of Shelburne has the

right to remove a property owner from the plan by sending them a letter to notifying them of such.

34.11 This policy will extend to Property Assessed Clean Energy (PACE) accounts. Each qualifying loan will be reviewed monthly to ensure timely payments

THIS IS TO CERTIFY that the Council of the Municipality of the District of Shelburne duly passed the policy respecting Pre-Authorized Payment Plan on 26th day of March, 2018.

SIGNED this 9th day of April, 2018



WARDEN



CHIEF ADMINISTRATION OFFICER

Approved by Council: March 26, 2018

Effective Date: March 26, 2018



Pre-Authorized Payment Program Information Sheet

As a budgetary tool, we offer the option of paying your tax bills directly from your bank account by enrolling in our Pre-Authorized Payment Program. Any balance owing past the due date will be subject to interest charges and other remedies in accordance with established policies and procedures.

Option 1: Total to be withdrawn on the invoice due date- Last business day in June

This option allows the taxpayer to pay the full amount on the due date each year by signing an agreement to withdraw the actual amount of the current year's bill. The tax account must be paid in full prior to the agreement. The due date of the withdrawal will be the last business day of June, and the amount withdrawn will be the full amount of the annual tax bill.

Option 2: Regular monthly withdrawal - First business day each month

This option allows the taxpayer to determine a monthly payment amount towards their account. This option can serve as an alternative for taxpayers who currently prepay their taxes via post-dated cheques. This will save both the cost of cheques and postage. To assist in budgeting, this option is used to make continuous monthly payments on your account from one year to the next on the first business day of each month. If the regular monthly amount is not sufficient to cover the current year taxes, or if payment is not made on or before the due date interest will be charged on outstanding balances at the prevailing rate set each year. Interest is NOT recognized on prepayments received on accounts.

To be eligible for the Pre-Authorized Payment Program your tax account must be **\$0.00** prior to enrolling.

NOTE: Cheques and/or PAD payments rejected by your financial institution will be subject to service charges as established by the Municipality of the District of Shelburne, and is in addition to any service charges applied by your financial institution.

Please return your completed **Pre-Authorized Payment Enrollment Form** and a **void cheque** to the Municipal Finance Office in Shelburne (see address below). Forms must be received at least ten (10) business days prior to the first withdrawal.

How to contact us

Address:

Municipality of the District of Shelburne
136 Hammond Street
PO Box 280
Shelburne, NS
BOT 1W0

Telephone: 902-875-3544 ext. 222

E-Mail: tax@municipalityofshelburne.ca

Online: www.municipalityofshelburne.ca

Fax: 902-875-1278

To ensure prompt and accurate information and/or payment processing in relation to your property tax account, please provide your name, address, and assessment account number in all communications.



Pre-Authorized Payment Program - Enrollment Form

Please return this by mail to 136 Hammond Street PO Box 280, Shelburne, NS B0T 1W0 or Fax (902) 875-1278. For more information please contact us at (902) 875-3544 ext. 222 or email tax@municipalityofshelburne.ca

Payment for: **PROPERTY TAX** **PACE**

Customer Information

Assessment Account Number: _____ (as it appears on your bill)

Name: _____ (as it appears on your bill)

Mailing Address: _____
(include civic number)

Daytime Phone Number: _____

e-mail: _____

Banking Information

Name of Financial Institution: _____

Address of Financial Institution: _____

_____ **Institution Number** _____ **Transit Number** _____ **Account Number**

Pre-Authorized Payment Plan Details (select *only ONE* box below)

Option 1: Total due withdrawn on the invoice due date

I _____, authorize Municipality of the District of Shelburne to debit my bank account on the last business day in June.

I would like my payments to start last business day in June of (year)_____.

Option 2: Monthly pre-defined amount to be withdrawn

I _____, authorize Municipality of the District of Shelburne to debit my bank account on the first business day each month.

I would like my payments to start the 1st business day of (month)_____ for the amount of \$_____.

Resource Rights

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any Pre-Authorized Payment that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

Cancellation Terms

This authorization may be cancelled by me/us to Municipality of the District of Shelburne at least ten (10) business days prior or the next scheduled debit.

Changes to bank account or Increasing or Decreasing Payment amount

If there is a change in banking information such as new account and/or closed account, or you wish to increase or decrease the amount you are debiting from your bank account, please provide a new Pre-Authorized Payment Program Enrollment Form within ten (10) business days prior to the next scheduled debit.

Returned Debit from bank (example: Non-Sufficient Funds NSF)

If your pre-authorized payments are returned by the financial institution your account is subject to service charges as established by Municipality of the District of Shelburne. Two (2) returned debits will result in removal from the Pre-Authorized Payment Program.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE AND IN THE PRE-AUTHORIZED PAYMENT POLICY

I/We hereby authorize the MUNICIPALITY OF THE DISTRICT OF SHELBURNE and the financial institution indicated above to release funds for payment under the terms and conditions of this enrollment form.

Account Holder

Signature: _____
Name (please print): _____
Date: _____

Joint Account Holder

Signature: _____
Name (please print): _____
Date: _____

In Accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by the Municipality of the District of Shelburne for purposes relating to payment of tax bills and/or PACE loan.

OFFICE USE ONLY

Authorized by: _____ Date: _____
Entered by: _____ Date: _____