



# Pre-Authorized Payment Plan (PAPP) Agreement

Enrollment Form

ALL OUTSTANDING TAXES MUST BE PAID IN FULL PRIOR TO JOINING THE PLAN.

PAGE 1 OF 2

Please print clearly.

FIRST NAME:		LAST NAME:	
PROPERTY ADDRESS:		START DATE: ____/____/____ DD MM YYYY	
ROLL NUMBER:		EMAIL:	
HOME PHONE:	WORK PHONE:	CELL PHONE:	

## ELIGIBILITY FOR HOME OWNER GRANT

Check One     A. Not Eligible     B. Under 65     C. 65+ and Other

## BANK ACCOUNT INFORMATION (Include a \*VOID\* CHEQUE only if this is a First Time Application or bank info changed)

Name of Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

Branch Transit No. (5 DIGITS)	Financial Institution No.	Account No.

Chequing Account  
 Savings Account

## PRE-AUTHORIZED PAYMENT PLAN (PAPP) AGREEMENT

You, the PAYOR, authorize the DISTRICT OF HIGHLANDS, to debit the bank account identified above on the 10<sup>th</sup> day of each month from August 10 to May 10. Each payment shall be treated as if the District of Highlands has received a cheque for payment. The amount is subject to change each year. **Your tax notice will indicate the amount of your new payment for the next year.** This monthly payment will be calculated as follows:

	Last Year's Gross Taxes:	\$ _____	
LESS:	Home Owner Grant Claimed:	\$ _____	Claim Grant by Tax Due Date
EQUALS:	Net Taxes:	\$ _____ / _____	\$ _____ # of Months                      Monthly Withdrawal

Please confirm these services are for Personal Use

The PAPP Agreement amount may be changed by the PAYOR by written notification only. You, the PAYOR, may revoke your authorization at any time in writing, subject to providing ten (10) day's notice to the DISTRICT of HIGHLANDS – note no monies will be refunded if program discontinued (see reverse for details). For more information on your right to cancel this PAPP Agreement, contact your Financial Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (optional)

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Date (DD/MM/YYYY)

You 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 PAPP Agreement. To obtain more information on your recourse rights, contact your Financial Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Mail or drop off your completed form, with your \*void\* cheque to:**

District of Highlands  
Finance Department  
1980 Millstream Road  
Victoria, BC V9B 6H1

**For further information, please contact the Finance Department:**

T 250.474.1773  
F 250.474.3677  
E [finance@highlands.ca](mailto:finance@highlands.ca)

[www.highlands.ca](http://www.highlands.ca)

**CONTINUED....**





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PAGE 2 OF 2

I/We acknowledge that all outstanding current property taxes will be paid in full by the due date of this year and that my/our enrollment to the PAPP will apply to next year's taxes.

initial

The PAPP is a monthly prepayment plan that includes ten (10) fixed amounts withdrawn from a designated account that will be made on the 10<sup>th</sup> day of each month from August to May each year. Interest does not accrue on the prepayments. There are no withdrawals for the months of June or July. You are responsible for the final payment.

initial

Your annual tax notice is mailed out at the end of May. This tax notice will show any amounts that have been prepaid to date, as well as the balance owing by the due date. Property taxes are always due on the first business day after the July statutory holiday.

initial

Your Home Owner Grant application must be submitted to the District of Highlands by 4:00pm on the tax due date to avoid any penalties.

initial

Penalty charges and service charges will apply to any returned payments. The District of Highlands will cancel your automatic withdrawals if two (2) payments are dishonoured by your Financial Institution.

initial

To cancel your pre-authorized payment, ten (10) days written notice to the District of Highlands is required.

initial

***Should you discontinue participation in the monthly instalment program, no monies paid into the plan will be returned or refunded as per District of Highlands Bylaw No 378.***

initial

If you are selling your property, a written notice to the District of Highlands to cancel the PAPP is required PRIOR to the date of sale. ***All credits remain with the property and should be adjusted at the time of sale on the Statement of Adjustments prepared by a lawyer or notary public.***

initial

## For further information or for assistance in enrolling in the PAPP, contact:

District of Highlands  
Finance Department  
1980 Millstream Road  
Victoria, BC V9B 6H1

T 250-474-1773

E [finance@highlands.ca](mailto:finance@highlands.ca)

