



The Corporation of the Township of Moonbeam  
 53 St. Aubin Avenue, P.O. Box 330  
 Moonbeam, ON POL 1V0  
 TEL (705)-367-2244 FAX (705)-367-2610  
[moonbeam@moonbeam.ca](mailto:moonbeam@moonbeam.ca)

**PRE AUTHORIZE PAYMENT PLAN (PAP)**  
**Municipal Taxes**

**How do I join?**

1. Complete and sign the PRE AUTHORIZE PAYMENT PLAN form
2. Attach your personal cheque marked "VOID"
3. Mail or bring the form and the void cheque to the address above

**PRE AUTHORIZED PAYMENT ENROLMENT** (please print)

|  |                      |
|--|----------------------|
| Property Owner Name(s) :   |                      |
| Property Address :   |                      |
| Property Tax Roll/Account #:<br><div style="text-align: center; margin-top: 10px;">5656 000- _ _ _ _ _ .0000</div> |                      |
| Phone Number (Home):   | Phone Number (Cell): |

**PAYMENT OPTION:** (please check  one only)

|                       |          |   |
|-----------------------|----------|---|
| <input type="radio"/> | OPTION 1 | <u>monthly payments on the 15<sup>th</sup> of the month</u><br><i>I (we) authorize The Corporation of the Township of Moonbeam to process a debit, in paper, electronic or other form equivalent to 1/12 of my (our) estimated yearly taxes on my (our) bank account# _____ on the 15<sup>th</sup> day of each month.</i> |
| <input type="radio"/> | OPTION 2 | <u>monthly payments on the last business day of the month</u><br><i>I (we) authorize The Corporation of the Township of Moonbeam to process a debit, in paper, electronic or other form equivalent to 1/12 of my (our) estimated yearly taxes on my (our) bank account# _____ on the last business day of each month.</i> |
| <input type="radio"/> | OPTION 3 | <u>amount due withdrawn on the "Tax Due Date"</u><br><i>I (we) authorize The Corporation of the Township of Moonbeam to process a debit, in paper, electronic or other form equivalent to the "Amount Due" on my (our) bank account# _____ on the due date approved by Council.</i>                                       |

**AUTHORIZATION** – (please print and sign)

*This authorization will not be required each year. You will be notified of the new monthly payment for the following year when you receive your final bill for the year. There will be one debit to your account for each roll number.*

|           |      |           |      |
|-----------|------|-----------|------|
| Name      |      | Name      |      |
| Signature | Date | Signature | Date |

Questions? Please contact the municipal office at 705-367-2244