

**ASSESSMENT ROLL NO. 1948.** \_\_\_\_\_

**NAME(S) OF PROPERTY OWNER:** \_\_\_\_\_

(please print)

**PROPERTY ADDRESS:** \_\_\_\_\_

**TELEPHONE/S:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Payment Plan Options - check ONLY one:

**START DATE:** \_\_\_\_\_

- B – 15<sup>th</sup> of the month (10) (not applicable to Commercial customers)
- D – Residential (last business day of the month) (10)
- E – Commercial (last business day of the month) (10)
- Installment Dates (6)

Please sign below, and submit to:

**Town of Newmarket, Property Tax Department**  
**395 Mulock Drive, P.O. Box 328, STN Main**  
**Newmarket, ON L3Y 4X7**  
**FAX: 905-953-5150 or e-mail to: [taxes@newmarket.ca](mailto:taxes@newmarket.ca)**

Bank details below: (It is your responsibility to provide the correct bank transit number, bank number and account number information for pre-authorized payment purposes. Please note: Attaching a void cheque or direct deposit form reduces the chance of banking information errors. Additional charges may apply if your payment cannot be processed due to incorrect information)

Bank Name
Bank Address

00577	06212	003	200-202-0	(Sample account ONLY Print your personal account below)
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I/we hereby authorize the Town of Newmarket to withdraw payments from my/our bank account to pay my/our taxes in the manner indicated. This authority is to remain in effect until the Town of Newmarket has received written notification from me/us of a change or termination. This notification must be received at least ten (10) business days before the next withdraw is scheduled.

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 debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information regarding your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

The Town of Newmarket may terminate this authority if any of my/our payments are returned by my/our financial institution.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Authorized Signature (1) / Authorized Signature (2) / Date

**IF MORE THAN ONE SIGNATURE IS REQUIRED FOR WITHDRAWALS AGAINST THE ACCOUNT NUMBER SPECIFIED, ALL AUTHORIZED SIGNATURES MUST BE PROVIDED.**