



Property Tax Pre-Authorized Payment Plan

760 Peterborough County Rd 36
Trent Lakes ON K0M 1A0
Phone: 705-738-3800 ext. 232
Toll Free: 1-800-374-4009 ext. 232
Fax: 705-738-3801
E-mail: finance@trentlakes.ca

The Municipality of Trent Lakes offers pre-authorized payment plans comprised of automatic withdrawals from your bank account to pay property taxes. There is no charge for this service.

To take advantage of the program, your account must be paid to date and have no overdue balance. Please complete this application form and return it with a void cheque or bank letter to the contact information above.

All changes to your pre-authorized payment plan (e.g. bank account changes, cancellations, property ownership changes) must be received at least TEN (10) DAYS prior to the next scheduled payment.

Please select one of the following plans:

Option 1: Monthly Plan (10 Months)

The monthly plan runs for ten (10) months of the year, from February through November. There are no payments in December and January.

Payment amounts are recalculated in February and July each year.

Please choose when you would like your payments to be made:

the 15th of the month

the 31st (last day) of the month

If the regular payment date falls on a weekend or holiday, the payment amount will be deducted from your financial institution on the next business day.

Option 2: Installment Due Date Plan

Tax installments will be deducted from your financial institution on the four (4) installment due dates in March, May, August and October.

Property Tax Roll Number										Please Start (month)										
1	5	4	2	-			-			-										
Name(s)										Property Address (where payment is to be applied)										
_____										_____										
Mailing Address										Phone Number(s)										
_____										Primary: _____										
_____										Alternative: _____										
_____										Alternative: _____										

I/we authorize the Municipality of Trent Lakes to debit my account, per attached void cheque, according to the payment plan I have chosen above. I/we understand that this program will be continued for subsequent years unless I/we notify you to cancel the program.

Signature(s)

Date

(If your financial institution requires two signatures on cheques, both parties must sign this form.)

Completed applications should be sent to the Tax Department at the contact information above.

Please do not forget to attach a void cheque!