



TOWN OF CLAREVILLE

Extended Payment Plan - Outstanding Taxes

PROPERTY INFORMATION:

Account Number: _____ Property Civic Address: _____

APPLICANT INFORMATION:

Name: _____ Telephone #: (H) _____ (C) _____

Address: _____ Email Address: _____

PAYMENT INFORMATION:

Do you currently have a payment plan with the Town?

Yes No

Please select a payment plan option and complete requested payment information:

Pre-Authorized Payments (PAP) Post Dated Cheques (PDC's)
Monthly PAP Amount: \$ _____ Number of PDC's Delivered: _____
(Dates cannot exceed December 31, 2020)

Total Amount of PDC's: \$ _____

APPLICANT DECLARATION:

I am requesting for the Town of Clareville to extend payment of the outstanding tax balance for the account outlined above as per the payment plant option selected.

Applicant Signature: _____ Date: _____



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FINANCIAL INFORMATION:

Bank Account Information:

Account #: _____ Branch #: _____

Financial Institution #: _____

Financial Institution Information:

Name: _____

Branch Address: _____

I/We authorize the Town of Clareville to debit the above bank account for payment of Municipal taxes. I have read and agree to the following terms:

- 1) I will notify the Town of Clareville if banking information changes.
- 2) For joint accounts, all depositors have signed below (if more than one signature is required on cheques).
- 3) I have attached a copy of a void cheque or a pre-authorized payment printout from the applicable financial institution.

Applicant Signature: _____ Date: _____

Joint Signature: _____ Date: _____

(If Required)

OFFICE USE:

Posted by: _____ Date: _____

Privacy Notice: The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of processing preauthorized payments for taxes. Please note that the information you provide, can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please call the Town Office at 709-466-7937.



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PURPOSE:

To offer an extended payment plan to taxpayers of the Town of Clareville experiencing financial hardship caused by Covid-19.

INSTRUCTIONS:

- Taxpayers who wish to avail of this plan must apply using the attached form. Forms can be submitted via email to info@clareville.net
- Plans must include full payment of all outstanding taxes by December 31, 2020
- Taxpayers may choose to pay equal monthly payments via postdated cheques or pre-authorized bank payments
- Taxpayers opting to pay by the pre-authorized payment plan will have the monthly amount withdrawn on the 15th of each month (or the next business day)
- Insufficient monthly withdrawal amounts or returned cheques will result in additional fees and the taxpayer will be removed from the extended payment plan program. The taxpayer must then make other arrangements for any outstanding balance
- Taxpayer must complete a separate form for each tax account if multiple accounts are held with the Town
- Incomplete applications will not be processed