



PAYMENT ARRANGEMENT

OWNER(S): _____ TELEPHONE #: _____
 ROLL NUMBER: _____ MORTGAGE CO.: _____
 ADDRESS: _____ RENEWAL DATE: _____
 EMAIL: _____

I/we, the undersigned, as owner(s) of the above noted property undertake to pay the Municipality of Clarington the balance of our existing arrears, penalties, along with any future billings and interest. Such payments are to be made through the option(s) that I/we have selected below:

Option 1

Lump sum payment(s) to pay the balance ***in full*** by _____
 as follows: (Attach additional page, if required.)

<u>Dates:</u>	<u>Amounts:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Option 2

Amount: \$ _____
 Frequency: Weekly Bi-weekly Monthly

Payment Method

Online/Telephone Debit Cheque/Post Dated

Please note: all payment arrangements require approval from either the Manager of Taxation Services or the Treasurer/Director of Finance and Technology. If default of payment occurs, the Municipality of Clarington may commence collection proceedings, without further notice.

Signature (s) _____ Date: _____
 _____ Date: _____

Accepted By: _____ T: 905-623-3379 ext. 2650
 Municipality of Clarington Tax Representative E: tax@clarington.net