

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Authorization of the Payor to the Payee to Direct Debit an Account for Municipal Property Taxes

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed forms with a cheque marked "VOID" to the Payee at the address noted below.

PAYOR INFORMATION (Please type or print clearly.) **Effective Start Date:** _____

Please note: For joint accounts requiring more than one signature, all parties **MUST** sign this form.

Name Telephone No. e-mail address

Address City/Province Postal Code

<i>To be completed by Revenue Dept.</i>		<i>To be completed by Revenue Dept</i>	<i>To be completed by Revenue Dept</i>
Customer ID #	List Tax Roll Numbers Below	Amt. of previous year's taxes	Equalized payment
	1.		
	2.		
	3.		

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type or print clearly.)

Branch Number	Institution Number	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

ATTACH VOID CHEQUE HERE

Option 1	Option 2	Option 3	Option 4
<input type="checkbox"/> 12 Month Plan - monthly installments are based on the previous year's annualized taxes plus 10% divided by 12. This amount will be withdrawn on the 15 th day of each month from October to August inclusive. Any adjustment to pay the balance of the total year's taxes will be withdrawn on the 15 th day of September. A letter will be sent to advise of these amounts. Note: For properties NOT in arrears.	<input type="checkbox"/> 9 Month Plan - monthly installments are based on the previous year's annualized taxes plus 10% divided by 9. This amount will be withdrawn on the 15 th day of each month from January to August inclusive. Any adjustment to pay the balance of the total year's taxes will be withdrawn on the 15 th day of September. A letter will be sent to advise of these amounts. Note: For properties NOT in arrears.	<input type="checkbox"/> Fixed Monthly amount in the amount of \$_____ (please specify) to be withdrawn on the last business day of each month. Payor is responsible to monitor the tax account and the amounts they are paying and fill out a change of information form if they wish to increase/decrease the monthly amount. Note: Penalty & Interest of 1.25% will be charged on the 1st day of each month on outstanding balances.	<input type="checkbox"/> Instalment Plan - Withdrawals will be made on the due dates for the amounts as indicated on the interim and final bills. Note: For properties NOT in arrears.

PLEASE SIGN AUTHORIZATION ON THE BACK OF THIS FORM

Terms and Conditions

1. In this Authorization, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Consumer PAD"), on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Consumer PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee at least 15 days prior to the next payment transfer. This Authorization applies only to the method of payment and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
4. I agree that my Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfilment of any purpose of any Consumer PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information, which may be contained in this Authorization to such financial institution.
6. (a) I understand that with respect to:
 - (i) fixed amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Consumer PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
 - (ii) variable amount Consumer PADs, we shall receive written notice from the Payee of the amount to be debited, and the due date(s) of debiting, in the form of a copy of the tax bill at least ten (10) calendar days before the due date of every Consumer PAD; and
 - (iii) a Consumer PAD Plan that provides for the issuance of a Consumer PAD in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Consumer PAD in full or partial payment of a billing received by us, the ten (10) day pre-notification is waived.
7. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca
I may dispute a Consumer PAD by providing a signed declaration to my Financial Institution under the following conditions: (a) the Consumer PAD was not drawn in accordance with this Authorization;
 - (b) the Authorization was revoked;
 - (c) any pre-notification required by section 6 was not received by me;
 I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Consumer PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Consumer PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding Consumer PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such PAD.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least fifteen (15) business days prior to the next due date of a Consumer PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Consumer PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la présente autorisation et tous les documents s'y rattachant soient rédigés en anglais.

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date

PLEASE COMPLETE SECTIONS ON THE OTHER SIDE OF THIS PAGE.