

## Pre-Authorized Debit (PAD) Agreement

**1. Customer Information** (please print clearly)

<b>Roll Number</b>	5	8	0	8	-				-				-				-	0	0	0	0
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Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Bank Account Information** (attach VOID cheque)

Name and Location of Financial Institution	Institution No.	Transit No.	Account No.

**3. Pre-Authorized Debit (PAD) Details**

I/We hereby authorize the Municipality of Oliver Paipoonge to debit the bank account identified above for the payment of property taxes related to the noted assessed property. Payments will be debited at the interval as indicated below.

- Plan 1 Due Date:** Tax installment withdrawn 4 times per year as per the Interim and Final Tax Notice Due Dates (or next business day)
- Plan 2 Monthly:** Monthly payments as per pre-notification and Final Tax Notice, withdrawn on the 25<sup>th</sup> (or next business day) of each month
- Plan 3 Arrears:** A fixed amount of \$ \_\_\_\_\_ per month withdrawn on the 25<sup>th</sup> of every month (or next business day)

**This agreement is for (check one):**     Personal     Business Use

This authority is to remain in effect until the Municipality of Oliver Paipoonge has received written notification from me/us of its change or termination. This notification must be received by the 10<sup>th</sup> day or next business day of the month of the next withdrawal date at the address below. I/We will ensure funds are available on each withdrawal date and understand that after two non-sufficient funds/declined payment transactions in a calendar year will result in cancellation of my/our PAD Agreement. I/We may obtain a sample cancellation form, or more information on my/our rights to cancel a PAD Agreement at my/our financial institution or visiting [www.cdnpay.ca](http://www.cdnpay.ca). 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder: \_\_\_\_\_

Signature of Joint Account Holder (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)  
Date: \_\_\_\_\_

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