

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (please print clearly)

Roll Number 5 8 0 8 - [] [] [] - [] [] [] - [] [] [] [] - 0 0 0 0

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- Plan 1 Due Date:** Tax installment withdrawn 4 times per year as per the Interim and Final Tax Notice Due Dates (or next business day)
- Plan 2 Monthly:** Monthly payments as per pre-notification and Final Tax Notice, withdrawn on the 25th (or next business day) of each month
- Plan 3 Arrears:** A fixed amount of \$ _____ per month withdrawn on the 25th of every month (or next business day)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 10th 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. 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.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable) _____

Name: _____
(Please Print)
Date: _____

Name: _____
(Please Print)
Date: _____

Municipality of Oliver Paipoonge, 3250 Hwy 130, Rosslyn ON P7K 0B1
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