



Municipal Office

#1 Waskasoo Ave P.O. Box 10 Penhold, AB T0M 1R0
Tel: 403-886-4567 Fax: 403-886-4039 www.townofpenhold.ca

Pre-Authorized Debit Agreement Property Taxation Monthly Payment Plan

1. Customer Information (Please print clearly)

Name: _____ Year of Commencement: _____

Roll #: _____ Previous Yr Levy: _____ Monthly Tax Payment Amt: _____

Civic Address: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone #: _____

2. Bank Account Information

Deposit Account Number: _____ Branch Transit #: _____ Financial Institution #: _____

Chequing Account Savings Account Personal Business ****PLEASE ATTACH A VOID CHEQUE *****

Financial Institution Name / Address: _____

3. Pre – Authorized Debit (PAD) Details

1. I/We hereby authorize the Town of Penhold and its Financial Institution to debit my account listed above; -for all property taxes including any local improvement levies payable to the Town of Penhold in the monthly payment shown above on the first day of each month beginning January of the taxation year and which the amount may increase/decrease on June 1 to the amount shown on the annual Property Tax Notice issued by the Town of Penhold.
2. This authorization may be cancelled at any time upon subject to providing written notice of 30 days by me/us, and all outstanding amounts become due and payable and subject to penalties. There is a cancellation form at town office or you get further information on cancelling the PAD at your financial institution or by visiting www.cdnpay.ca
3. Any payment returned N.S.F. may result in termination of the plan, and all outstanding amounts become due and payable and subject to penalties.
4. In the event of a sale of the above noted property, I/we will notify the town of Penhold in writing at least 15 days prior to the next due date, to arrange for cancellation, or fill in a Tax Preauthorized withdrawal form.
5. In the event I/we change my/our bank account I/we notify the Town of Penhold in writing and complete a Bank Account Information Update Form not less than 15 days prior to the next due date and provide a current cheque marked "VOID"
6. All persons whose signatures are required to sign on this bank account must sign this agreement below.
7. The current levy/taxes, local improvement levies plus any tax arrears must be paid in full for eligibility in the plan
8. December is the settle up month for the Monthly Tax Payment Plan. If your December settle up amount differs by more than \$10.00 from your regular monthly payment, you will be notified by letter, If there is a balance on January 1 you will be removed from the payment plan, all amounts become due, payable and subject to penalties.
9. You have certain recourse rights if any debit does not comply with this agreement. For example you 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 your recourse rights, you may contact you financial institution or visit www.cdnpay.ca

Signature of Account Holder

Signature of Joint account Holder

Name (Please Print)

Name (Please Print)

Date

Date