

Date

Municipal Office

#1 Waskasoo Ave P.O. Box 10 Penhold, AB TOM 1 Ro 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 clea	rly)		
Name:	Year of Com	Year of Commencement:	
Roll #: Previou	s Yr Levy:	Monthly Tax Payment Amt:	
Civic Address:	Mailing Address:		
City: Province:	Postal Code:	Phone #:	
Email Address:			
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			
payable to the Town of Penhold in the monthly payment she increase/decrease on June 1 to the amount shown on the ar 2. This authorization may be cancelled at any time upon subje subject to penalties. There is a cancellation form at town off 3. Any payment returned N.S.F. may result in termination of th 4. In the event of a sale of the above noted property, I/we will in a Tax Preauthorized withdrawal form. 5. In the event I/we change my/our bank account I/we notify to the next due date and provide a current cheque marked 6. All persons whose signatures are required to sign on this ba 7. The current levy/taxes, local improvement levies plus any table 2. December is the settle up month for the Monthly Tax Payme will be notified by letter, If there is a balance on January 1. You have certain recourse rights if any debit does not comp	own above on the first day of each month beginual Property Tax Notice issued by the Townst to providing written notice of 30 days by a ice or you get further information on cancel be plan, and all outstanding amounts become notify the town of Penhold in writing at least the Town of Penhold in writing and complet WOID" nk account must sign this agreement below, ax arrears must be paid in full for eligibility at Plan. If your December settle up amount dayou will be removed from the payment plan, by with this agreement. For example you hav	me/us, and all outstanding amounts become due and payable and ling the PAD at your financial institution or by visiting www.cdnpay.ca e due and payable and subject to penalties. It is to arrange for cancellation, or fill e a Bank Account Information Update Form not less than 15 days prior in the plan liffers by more than \$10.00 from your regular monthly payment, you	
Signature of Account Holder	Signature of Joint accour	nt Holder	
Name (Please Print)	Name (Please Print)		

Honouring the Past - Challenging the Future