

THE MUNICIPALITY OF BROOKE-ALVINSTON

AUTHORIZATION FOR RESIDENTIAL PRE-AUTHORIZED DEBIT PLAN FOR TAXES

(Authorization of the Payor to the Payee to Direct Debit an Account)

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account on the date indicated on your tax bill.
2. Please sign the Terms and Conditions at the bottom of this document and return the completed signed document with a blank cheque marked "VOID" to the Office. Ph: (519) 898-2173; Fax (519) 898-5653

Payor Information *(Please type or print clearly)*

Payor Name(s):	Telephone #:
Mailing Address:	
City/Province:	Postal Code:
Property Address:	Email:

Payer Financial Institution & Banking Information – attach a void cheque

Branch #	Institution #	Account #
Name of Financial Institution/Bank:		
Branch:		
Branch Address:		
City/Province:		Postal Code:

Roll # 3815-_____-_____-_____-0000 3815-_____-_____-_____-0000
 3815-_____-_____-_____-0000 3815-_____-_____-_____-0000
 3815-_____-_____-_____-0000 3815-_____-_____-_____-0000

Please indicate the start date and choose one option below:

Preferred Plan *(please choose one)* Installment Monthly Budget/Arrears
 Month to Start PAP _____ If Budget/Arrears, amount to be deducted Monthly \$ _____

Installment: Payments are deducted from your bank account on the due date listed on your tax bill.

Monthly: This is a 10-month plan running from January to October each year. Payments will be debited on the last business day of each month. Payments for January to July are estimated based on the previous year's taxes, with the remaining 3 payments being adjusted for any difference in the actual taxes for the current year.

Budget/Arrears: This plan is for property owners with tax accounts in arrears that would like the convenience of a direct debit option for payment. Your bank account will be debited each month, based on a negotiated amount. The amount will be debited on the last banking day of each month from January to December. Your account will continue to be charged interest at a rate of 1.25% per month on any outstanding tax amounts.

Authorization for Residential Pre-Authorized Debit Plan Terms & 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 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, and any 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. 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) Variable amount Consumer PAD's, 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.
 - (ii) 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 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) This 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 a Consumer PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Consumer 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 ten (10) 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.

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date

Please complete sections on the other side of this page.