

Pre-Authorized Debit (PAD) Agreement



Roll # 09-04-

Check One Due Date Method (4) _____ Ten Monthly Payments _____	Last business day: February, April, June, August Last business day: November through August						
NAME (s)							
PROPERTY ADDRESS							
MAILING ADDRESS (if different)							
TELEPHONE	Home phone	Business phone	Cell phone				
BANK NAME							
BRANCH ADDRESS							
BANK ACCOUNT NUMBER (A VOID CHEQUE IS REQUIRED)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Chequing</td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Savings</td> <td style="width: 20px; height: 15px;"></td> </tr> </table>	Chequing		Savings		Code	
Chequing							
Savings							
THESE SERVICES ARE FOR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Personal Use</td> <td style="width: 20px; height: 15px;"></td> <td style="padding: 2px;">Business Use</td> <td style="width: 20px; height: 15px;"></td> </tr> </table>	Personal Use		Business Use		Check one	
Personal Use		Business Use					
I hereby authorize the Town of Smiths Falls to debit my account for payment of municipal taxes, school taxes and DBA levy (if applicable). All future bills will be paid through pre-authorized debit <i>unless cancelled in writing at least fifteen (15) days prior to a due date</i> or upon receipt of a Tax Certificate request from your legal advisor.							
Any payment returned by the bank will be subject to an NSF fee of \$40 which will automatically be added to the account . <i>Repayment of the unpaid amount (including the NSF fee) shall be made in cash or cheque at the Town Hall, or by internet or telephone banking through your financial institution.</i> Failure to make repayment, or if payments come back as NSF two (2) times, will result in removal from the plan.							
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 the PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca .							
Due Date Method: Payment notices are sent in February and with the Final tax bills Ten Monthly Plan: Payment notices are sent in November and with the Final Tax bills							
Signature							
Signature (required if more than one signature is required on cheque)							
TOWN OF SMITHS FALLS TAX DEPARTMENT 77 Beckwith Street North Smiths Falls ON K7A 2B8 613-283-4124		Date Received					
		Date Processed	Processed by:				
		Date Cancelled					
		Comments					