



**ENROLLMENT IN PRE-AUTHORIZED PAYMENT PLAN**

**Instructions**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on page 3 of this document.
3. Return the completed forms with a cheque marked 'VOID', (or copy of), to the attention of [info@whitestone.ca](mailto:info@whitestone.ca) at the address noted above.

**PAYOR INFORMATION (*Please type or print clearly*)**

Please note: For joint accounts requiring more than one signature, all parties **MUST** sign this form.

_____	_____	_____
_____	_____	_____
Name(s)	Telephone Number	E-mail Address
_____	_____	_____
_____	_____	_____
Address(s)	City, Province	Postal Code

List Tax Roll Numbers	Amount of Previous Year's Taxes	Equalized Payment
1.		
2.		
3.		

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (*Please type or print clearly and attach void cheque*)**

Branch #	Institution #	Account #
Name of Financial Institution:		
Branch and Branch Address:		
City, Province:		

**OPTIONS (please check one only)**

<input type="checkbox"/> <b>Option 1 12 Month Plan –</b> Equal monthly installment to be withdrawn starting on submission of form to the end of the year. <b>Note: For properties NOT in arrears.</b>	<input type="checkbox"/> <b>Option 2 Due Date Payment Plan –</b> Withdrawals will be made on the Due Dates, as set by the Municipality, for the amounts as indicated on the interim and final bills. <b>Note: For properties NOT in arrears.</b>  <b>The last Thursday in the months of: March, May, August &amp; October</b>	<input type="checkbox"/> <b>Option 3 Set Amount –</b> A fixed monthly amount of \$_____ to be withdrawn on the last business day of the month on an on-going basis. Payor is responsible to monitor tax account and change the amount as needed to be withdrawn. Properties with arrears will be charged interest on 1 <sup>st</sup> day of each month until the arrears portion balance is \$0. <b>Note: This option is available to properties with or without tax arrears.</b>
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**For all options:** if an owner's payment fails to clear the bank, two (2) consecutive times, the Municipality reserves the right to terminate the plan and penalty and interest may apply.

The personal information on this form is collected under the authority of the Municipal Act and will be used only for the purposes of providing tax documents through e-mail. Questions concerning the collection of personal information should be directed to the Municipal CAO/Clerk.

### **Terms and Conditions of Pre-Authorized Debit (PAD) Agreement.**

1. In this Authorization, 'I', 'me' and 'my' refers to each Account Holder who signs below.
2. I agree to participate in the Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated above 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 above hereof (the 'Account') at the financial institution indicated above 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 drawn in accordance with the 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 at least 15 days prior to the next payment transfer. 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. I understand that with respect to:
  - (i) Fixed 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 of the first Consumer PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
  - (ii) 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, in the form of a copy of the tax bill at least ten (10) calendar days before the due date of every Consumer PAD; and
  - (iii) 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 have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I am to contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

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) The 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 Consumer PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such 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 fifteen (15) 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 PAD's.
- 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.
- 12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la presente autorisation et tous les documents s'y rattachant soient rediges en anglais.

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Name of Account Holder	Signature	Date
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Name of Account Holder	Signature	Date
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