



Township of Perry

PO Box 70, Emsdale, ON POA 1J0

PHONE: (705)636-5941

FAX: (705)636-5759

www.townshipofperry.ca

Pre-Authorized Debit (PAD) Agreement

Name: _____

Tax Roll No. 4914 000 _____

Property Civic Address _____

Contact Phone Number _____

I/we authorize the Township of Perry, and their designated financial institution to begin deductions as per my/our instructions for payment of the property taxes indicated above according to the following payment frequency (please select one)

12 Month Plan: January 20th – December 20th

Installment Plan: Due Dates Only (4 installment plan withdrawals by tax bill due date)

I/we accept the terms and conditions herein defined and authorize the Township of Perry to begin deductions for payments of my/our property tax account for the amount specified. I/we ensure that the funds will be available to cover the withdrawal. I understand payments returned due to non-Sufficient Funds or any other reason are subject to a processing fee which will be added to the property tax account in accordance with the Township of Perry Fees By-law.

This authority is to remain in effect until the Township of Perry has received **written notification** from me/us of the change or termination. The notification must be received by the Tax Department **at least ten (10) business days before the next debit is scheduled**.

I/we have certain recourse rights if any debit does not comply with this agreement. I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

REMOVAL OF THIS PLAN IS THE RESPONSIBILITY OF THE PROPERTY OWNER, NOT THE LAWYER.

For further information regarding our Pre-Authorized Debit Plan, please call the Municipal Office at 705-636-5941.

For joint accounts all depositors must sign if more than one signature is required on cheques issued against this account.

Signature: _____ Date: _____

Signature: _____ Date: _____

BANK ACCOUNT INFORMATION

Name of Bank, Trust Company or Financial Institution

Branch Address

Copy the following from your personal cheque

Branch ID (5 digits)

Bank ID (3 digits)

Bank Account Number

For account verification purposes, please enclose/attach a blank personal cheque marked "VOID".

OFFICE USE ONLY

Start Date: _____ Amount: \$ _____