

TOWNSHIP OF HAVELOCK-BELMONT-METHUEN
PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. CUSTOMER INFORMATION (Please print clearly)

Property Roll number 15 31 - - -

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. BANK ACCOUNT INFORMATION

Deposit Account Number Branch Transit Number

Financial Institution Number Chequing Account Savings Account

Financial Institution Name _____
Branch Address _____

3. PREAUTHORIZED DEBIT (PAD) DETAILS

I/we authorize the Township of Havelock-Belmont-Methuen and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly recurring payments and/or one time payments from time to time, for payment of all charges arising under my/our property tax account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 10th day of each month. The Township of Havelock-Belmont-Methuen will obtain my/our authorization for any other one time or sporadic debits. This authority is to remain in effect until the Township of Havelock-Belmont-Methuen has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. The Township of Havelock-Belmont-Methuen may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

FURTHER INFORMATION:

This is an eleven (11) month Plan. Monthly amounts will be calculated using the following formula:
January to June: Total previous year's taxes divided by 10.
July to November: Total current year taxes, less amount paid from January to June, divided by 5.
There is no Pre-Authorized payment deducted in December. (Commercial, Industrial and Multi-residential final property taxes may be calculated later in the year.)

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, mail or fax to: Township of Havelock-Belmont-Methuen, PO Box 10, Havelock, ON K0L 1Z0. Telephone 705-778-2308 or toll free 1-877-767-2795. Fax 705-778-5248 email saaltonen@hbmtwp.ca
Attach a VOID cheque if possible.