



TOWN OF MAYERTHORPE

Box 420

Mayerthorpe, AB T0E 1N0

Pre-Authorized Debit (PAD) Authorization

I/We authorize the Town of Mayerthorpe 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 regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Mayerthorpe Tax Account(s). Regular monthly payments for the installment amount will be debited to my/our specified account on the 15th day of each month. The payment amount is outlined within the Tax Installment Payment Plan Agreement. I/we understand that the debit to my/our account may increase/decrease pursuant to the provisions of the Tax Instalment Payment Plan Bylaw and any subsequent amendments. The Town of Mayerthorpe will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect unless the Town of Mayerthorpe 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 above. I/We may obtain a cancellation form, or more information on my/our right(s) to cancel a PAD agreement at my/our financial institution.

The Town of Mayerthorpe may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the 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.

Type of Service: Personal Business

Name(s): _____

Date: _____

Address: _____

Tax Roll #(s): _____

City & Province: _____

Phone Number: _____

Financial Institution (FI): _____

FI Account #: _____ FI Transit Number: _____ - _____
5 digits 3 digits

Note: Please provide a VOIDED cheque or a Pre-authorized Transaction Form issued by your financial institution.

FI Address: _____ City/Town/Province: _____ Postal Code: _____

Authorized Signature(s)*: _____

***Please note: if FI Account is a joint account, all signors are required.**

The personal information on this form is being collected pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act. For further information please contact the FOIPP Coordinator, Town of Mayerthorpe, 780-786-2416.