



Pre-Authorized Tax Payment Plan Authorization Form

To enroll in one of the Municipality of Centre Hastings' Pre-Authorized Tax Payment Plans, please complete the form below and return it to the Treasury Department at the address above

Property Information: Roll No.: 1230- _____ 0000

Street/Legal Description: _____

Owner: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Bank Information: (void cheque must be attached)

Bank: _____ Address: _____

Branch: _____

Account: _____

I/We hereby authorize (see below) the Municipality of Centre Hastings to process a debit in paper, electronic or other form from my/our account in the following manner, beginning on the month of _____:

- • **Monthly Plan** (12 equal monthly payments): Amount of \$_____ withdrawn from January to December on the 30th day of each month.
- • **Installment Plan** (4 regular payments): Amount of \$_____ withdrawn on the regular due dates for taxes (usually last Friday of February, April, July and September).

I/We acknowledge having read, understood and received a copy of the Terms and Conditions of the Pre-Authorized Payment Plan and that they form part of this authorization. I/We warrant that one or more persons whose signature(s) are required to sign on this account have signed this agreement.

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

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 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

Name:
Date:

Name:
Date: