

Vivian Bloom
Mayor



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Pat Pilgrim
CAO / Clerk

Email:
receivables@hastingshighlands.ca

#33011 Hwy 62, P.O Box 130
Maynooth, Ontario, K0L 2S0

CONFIRMATION OF PRE-AUTHORIZED PROGRAM DEBIT (PAP) SIGN UP

Property Tax Account must be current at a \$0.00 balance in order to sign up.

Please fill in this form and return to the office of the Municipality of Hastings Highlands with a personal cheque unsigned and marked **VOID**. This cheque will be used for verification purposes.

PAYOR NAMES: _____

DATE: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

For the purposes of paying property taxes for ROLL#: _____

If Additional Roll #'s: _____

THIS FORM GIVES AUTHORIZATION FOR

The Municipality of Hastings Highlands, #33011 Hwy #62, P.O Box 130, Maynooth, ON,
K0L 2S0 to debit Payor's Account (Check One)

Yes _____ No _____

ACCOUNT NAME: _____

FINANCIAL INSTITUTION (Name & Transit #): _____

ACCOUNT #: _____

VARIABLE AMOUNTS PAYABLE THE 23RD DAY EACH MONTH (2 VARIABLE AMOUNTS per year January & July will be calculated by the Municipality for the purpose of the tax account to be at a \$0 Balance come December 31 in each given year)

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Payment Start Date **23RD** OF (MONTH/YEAR ONLY) _____

Pre-Authorized Debit is for (Check One) PERSONAL _____ BUSINESS _____ purposes

PRE-NOTIFICATION TERMS

For Variable PADs the Payee has agreed to pay the required amount that is needed for their tax account to be at a Zero Balance at the end of December. The Payee has agreed that we may reduce or waive the pre-notification for variable amount PADs and agree that advance notice is not required prior to the debit being processed. The January Variable is based on 1/2 of the previous year's taxes unless there has been tax adjustments during that given year which may alter that calculation to be less or more.

I/WE have read and understood the terms of this authorization and acknowledge receipt of copy thereof. **(Joint Accounts require both signatures)**

Signed _____ Dated _____

Signed _____ Dated _____

Note:

The PAD Agreement may be cancelled provided notice is received 15 days prior to the PAD monthly date- and not to exceed thirty (30) days before the next scheduled PAD. A Cancellation Notice is required to be filled out and may be obtained at the Municipal Office. If any of the above details are incorrect, please contact us immediately at the above information. If the details are correct, you do not need to do anything further and your Pre-Authorized Debits will be processed and start on the Payment Date indicated above. You have certain recourse rights if any debit does not comply with these terms. You have the right to receive a reimbursement for any PAD 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 . (Exception; If a Funds Transfer PAD and coded "650" or "83" , CPA Member initiating the Funds Transfer must advise that the Payor will not have recourse within the CPA Rules.

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

I, _____ & _____

Authorize The Municipality of Hastings Highlands to disclose the personal information listed above for the purpose of this PRE-AUTHORIZED DEBIT (PAD) SIGN UP document, until such time as the CANCELLATION OF PRE-AUTHORIZED DEBIT FORM IS COMPLETED.

Date: _____

Signatures: _____ & _____