Pre-Authorized Debit (PAD) Agreement

For Property Tax Account Enrollment Form

1 CUSTOMER INFORMATION *(Please print clearly)*

Name: _____

Property Roll Number: _____

Municipal Address of Property: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone Number: _____

2 BANKING INFORMATION

Please attach a void cheque with your banking information.

3 PRE-AUTHORIZED DEBIT (PAD) DETAILS

You the Payor authorizes the Town of Essex to debit the bank account identified in the manner as indicated below:

Choose one of the following convenient payment plans:

☐ **Monthly Pre-Authorized Payment Plan** in the following amount $ _____

(Payments are debited to your account on or about the last business day of each month and are calculated based on annual property taxes. Your final payment in December may vary from the amount indicated above as it will reflect the balance of your account, leaving you with a zero balance at year end.)

☐ **Installment Pre-Authorized Payment Plan**

(Payments are debited to your account on the installment due dates indicated on your interim and final tax billings (last business day of February, April, July and October)

4 WATER ACCOUNT (OPTIONAL)

☐ Check if you want your water account updated to be withdrawn on the due date.

Water Account Number: _____

Signature of Account Holder

Signature of Joint Account Holder *(if required)*

Name (Please print)

Name (Please print)

Date

Date

PAD AGREEMENT TERMS

Supplementary Bills will NOT be included in your installment pre-authorized payment plan, please arrange to have these bills paid using a different payment method.

NOTE: Any payments returned will be subject to a charge per the town's Fees and Charges current by-law.

As per our Tax Policy, your account must be current to join one of the payment plans, and if we receive two or more returned payments, the account will be removed from the plan and is not eligible for the plans for one year.

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. It is the responsibility of the Payor to disclose and obtain the signature of a joint account holder where two signatures are required. If the Payor's banking information is changed, it is their responsibility to notify the Town of Essex.

The Payor does have certain recourse rights if any debit does not comply with this agreement. Doing so does not affect any ongoing financial obligation to the payor. For example, the Payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit Canadian Payments.

WHEN THE FORM IS COMPLETE, MAIL, E-MAIL OR FAX TO:

THE CORPORATION OF THE TOWN OF ESSEX

33 Talbot Street South
Essex, Ontario N8M 1A8

taxation@essex.ca

519-776-7336 ext. 3050

519-776-8811