

PRE-AUTHORIZED PROPERTY TAX PAYMENT PROGRAM

I/we hereby authorize the below Financial Institution to debit my/our account each month or four (4) annual instalments as indicated on the enrollment plan below for all payments payable to The Corporation of the Municipality of Strathroy – Caradoc. I/we accept the terms and conditions herein defined and authorize The Corporation of the Municipality of Strathroy-Caradoc to begin deductions for payments of my/our property tax account for the amount specified. I/we ensure that the funds will be available to cover the withdrawal and that insufficient funds will result in finance charges as applicable, and possibly cancellation of my/our enrollment in the payment plan.

This authority is to remain in effect until The Corporation of the Municipality of Strathroy – Caradoc has received written notification from me/us of the change or termination. The notification must be received at least ten (10) business days before the next debit is scheduled at the civic 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 Corporation of the Municipality of Strathroy – Caradoc 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.

PLEASE PRINT

Date: _____

Yes, please enroll me in the: Four (4) instalment plan withdrawal by tax bill due date
 Twelve (12) instalment plan withdrawal on the twenty fifth (25th) of each month

Name(s): _____ Roll Number: 39 16 _____

_____ Phone Number _____

Civic Address To Be Set Up: _____

Mailing Address (if different from above) _____

Banking information

Financial Institution (FI): _____ Type of Service: Personal _____ Business _____

FI Transit Number _____ FI Branch _____ FI Account # _____

To ensure accuracy, please enclose a copy of your void cheque.

Mailing Address _____ Phone Number: _____

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

I have read and agreed to the terms and conditions: _____ Effective Date: _____

Authorized Signature(s): _____

REMOVAL OF THIS PLAN IS THE RESPONSIBILITY OF THE PROPERTY OWNER NOT THE LAWYER

Our customer service representatives can answer your questions at 519-245-1070 extension 222 or contact us by email general@strathroy-caradoc.ca

FOR OFFICE USE ONLY – Monthly Rate: _____ Withdrawal Date: _____ Arrears: Yes No
Mortgage: Yes No Letter Sent: Yes NO Assessed: Yes No Customer ID _____