



PRE-AUTHORIZED PAYMENT PLAN APPLICATION

Last Name/First Names:		
Address:		Property Location (if different than previous):
City:	Province:	Postal Code:
Phone Number:	Email Address:	
Choose type of accounts for automatic withdrawal:		
<input type="checkbox"/> Water Account Number _____		
<input type="checkbox"/> Tax Plan #1 --- 4 withdrawals done at instalment due date (last business day of Feb, Apr, Jun & Sep)		
<input type="checkbox"/> Tax Plan #2 --- 10 withdrawals done from January 1 st to October 1 st		
<input type="checkbox"/> Tax Plan #3 --- 10 withdrawals done from January 15 th to October 15 th		
<input type="checkbox"/> Tax Plan #4 --- 12 withdrawals done from January 1 st to December 1 st		
<input type="checkbox"/> Tax Plan #5 --- 12 withdrawals done from January 15 th to December 15 th		
Tax Roll Number _____		
These services are for (check one) <input type="checkbox"/> Personal <input type="checkbox"/> Business Use		

Bank:		
Address:		
City:	Province:	Postal code:
Bank Branch/Transit Number:	Institution (Bank) Number:	Account Number:
I/We authorize the Town of Pelham to debit my/our account as indicated above for payment of amounts owing. If two signatures are required on bank account please provide both. You, the Payer; may revoke your authorization at any time (in writing), subject to providing notice of cancellation (not to exceed 30 days). To obtain a sample cancellation form, or for more information on you right to cancel a PAD Agreement, contact you financial institution or visit www.cdnpay.ca .		
_____ Signature/Date		_____ Signature/Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit 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.

A void cheque must accompany this form. Please fax this form and copy of void cheque to 905.892.5055 or send a scanned copy of this application to e-mail payments@pelham.ca