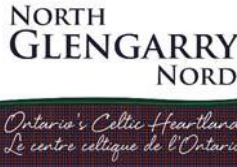


Corporation of the Township of North Glangarry
 3720 County Rd. 34
 Alexandria, ON
 K0C 1A0
 Tel: (613) 525-1110
 Fax: (613) 525-1649



www.northglangarry.ca

Municipalité du Canton de Glangarry Nord
 3720 Chemin comté 34
 Alexandria, ON
 K0C 1A0
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 Télécopieur: (613) 525-1649

**PRE-AUTHORIZED DEBIT AGREEMENT
 PAYOR'S PAD AGREEMENT**

Roll # _____

Water/sewer acct: _____

Account holder name and account number

Last and first name(s) of account holder(s)			Telephone No.
Address (street, city, province)			Postal code
The name of the financial institution where the account is located	Institution No.	Transit No.	Account No (with check digit)

Payee – Contact Information

Name of organization		c/o or e-mail address
Address (street, city, province)	Postal code	Telephone No.

Withdrawal authorization

WATER & SEWER ACCOUNT HOLDER

I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s), authorize the Payee to make pre-authorized debits (PAD) from my account with the aforementioned financial institution, at the following interval;

Amount Due A fixed amount of \$ _____, on the 10th day of each month or the following business day.

MUNICIPAL TAXES ACCOUNT HOLDERS

(10 Months Jan – Oct) A fixed amount of \$ _____, on the 9th day of each month or the following business day.
 Beginning _____ (month) 20 _____.

OR

Amount due **WITHDRAWAL WILL BE PROCESSED ON THE INSTALLMENT DUE DATE (Feb/Apr/Jul/Sept)**

Waiver:

I hereby waive the aforementioned in written notice of 10 days.
 I have received a copy of this Agreement and waive all other confirmation before the first payment.

Change or Cancellation:
 I shall inform the Payee, in a timely manner of any changes to this Agreement.
 I retain the right to revoke my authorization at any time, with a pre-notification of _____ days (maximum 30 calendar days). To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.
 I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.
 I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

The municipal bylaw states;
Two instances of “insufficient Funds” notices by a taxpayer, in the course of the monthly update, will result in the removal of the subject taxpayer from payment plan.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to received reimbursement for any PAD that is not authorized or that is not or that is not compatible with the terms of this PAD Agreement. For more information on my-rights of recourse, I may contact my financial institution or visit www.cdnpya.ca The financial institution shall reimburse me on behalf of the organization, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a Personal PAD and within 10 business days for a Business PAD, provided that the reimbursement is claimed for a valid reason. I understand that a claim to this effect must be made to my financial institution following the procedure it will provide for that purpose. Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Payee, without any liability or commitment on the part of my financial institution.

Consent to disclosure of Information

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Signature of account holder(s)

_____ Signature of account holder	_____ Date (dd/mm/yyyy)
_____ Signature of a second account holder (Only if two signatures are required)	_____ Date (dd/mm/yyyy)

IMPORTANT: Attach a personal cheque marked « VOID” to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization