



P.O. Box 640, HUMBOLDT, SK S0K 2A0  
Phone: (306) 682-2525

## PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT MONTHLY TAX PAYMENT PLAN (T.I.P.P.S.)

### 1. CUSTOMER INFORMATION (please print clearly)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Roll No.: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### 2. BANK ACCOUNT INFORMATION

Deposit Account No. \_\_\_\_\_ Branch Transit No. \_\_\_\_\_  
Financial Institution No. \_\_\_\_\_  Chequing Account  Savings Account  
Financial Institution Name: \_\_\_\_\_  
Branch Address: \_\_\_\_\_

### 3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the Payor, authorize the City of Humboldt to debit the bank account identified above in the amount of \$ \_\_\_\_\_, on the 15<sup>th</sup> day of each month beginning \_\_\_\_\_, 20\_\_\_\_.

These services are for (check one)  Personal  Business Use

You, the Payor, may revoke your authorization at any time, subject to providing the City written notice within 10 days of the cancellation. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

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](http://www.cdnpay.ca).

\* Payments dishonored as NSF are subject to a \$20.00 service charge.

\* After two (2) such dishonored payments, the Plan will be cancelled by the City Clerk, or Tax Collector of the City of Humboldt.

\* No discount will be granted for prepayments, January to May, nor will penalties be levied on the outstanding balance from August to December.

\* Taxes must be current to qualify for this program.

\* In the event of a sale of the above noted property, or a change in bank account, it is the responsibility of the property owner to immediately notify the City of Humboldt at least two weeks prior to your next payment.

PLEASE ENCLOSE A VOID CHEQUE WITH YOUR COMPLETED FORM.

# CONFIRMATION

A confirmation must be sent to each Payor that enters into an electronic PAD Agreement

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Payor Name)

\_\_\_\_\_  
(Payor Address)

**Re: Confirmation of Pre-Authorized Debt (PAD) Sign-up** Thank you for signing up for Pre-Authorized Debits from the City of Humboldt. We have accepted your PAD Agreement and are writing to confirm the following details:

**1. Name of Account Holder:**

\_\_\_\_\_  
**2. Financial Institution (Name and Transit #):**

\_\_\_\_\_  
**3. Account Number:**

\_\_\_\_\_  
**4. Amount of Payment:** \_\_\_\_\_ **5. Frequency/Timing of Payment:** 15<sup>th</sup> Day of Each Month

**6. Payment Start Date:** \_\_\_\_\_ **7. Type of Pre-Authorized Debit:**(i.e. Personal, Business)

\_\_\_\_\_  
**8. Statement with regard to Pre-notification:**

\_\_\_\_\_ **IN THE EVENT THAT THE AMOUNT OF THIS PAD CHANGES, WE WILL SEND YOU A WRITTEN NOTICE IDENTIFYING THE NEW AMOUNT AT LEAST 10 DAYS BEFORE THE FIRST PAD FOR THAT AMOUNT, WITH THE EXCEPTION OF A REDUCTION IN THE AMOUNT DUE TO A CHANGE IN TAX RATE OR UTILITY RATE.**

**OR**

\_\_\_\_\_ **YOU HAVE WAIVED YOUR RIGHT TO RECEIVE PRE-NOTIFICATION OF THE AMOUNT OF THE PAD AND AGREED THAT YOU DO NOT REQUIRE ADVANCE NOTICE OF THE AMOUNT OF PADS BEFORE THE DEBIT IS PROCESSED.**

**9. Cancellation:**

Your Payor's PAD Agreement may be cancelled provided written notice is received 10 days before the next scheduled PAD. If any of the above details are incorrect, please contact us immediately at 682-2525. 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 Start Date indicated above.

**10. Standard Recourse Statement:**

You have certain recourse rights if any debit does not comply with these terms. For example, 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](http://www.cdnpay.ca).

\_\_\_\_\_  
**Signature of Payor**

\_\_\_\_\_  
**Signature of Joint Payor**