City of Humboldt
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Humboldt, SK S0K 2A0
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T.I.P.P.S. - TAX INSTALLMENT PAYMENT PLAN

Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

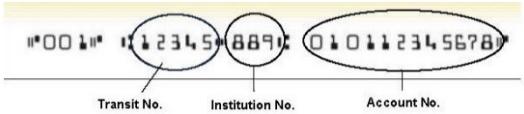
Name(s):_____

City of Humboldt Roll No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Address:_____

Phone Number:_____ E-mail:_____

2. Bank Account Information



Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐

Branch Transit No.: ☐☐☐☐☐

Financial Institution No.: ☐☐☐

☐ Chequing ☐ Savings

Financial Institution Name:_____

Branch Address:_____

(Please attach a copy of VOIDED cheque or bank information sheet.)

3. Pre-Authorized Debit (PAD) Details

I/we authorize the City of Humboldt to debit the bank account identified above in the amount of $_____ on the 15th day of each month, or the next business day, beginning _____ 20_____.

These services are for (check one): ☐ Personal ☐ Business

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 10 business days. 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.

Signature of Account Holder:	Signature of Joint Account Holder:
_____	_____
Name: (Please Print)	Name: (Please Print)
_____	_____
Date:	Date:
_____	_____

- **Payments dishonored as NSF are subject to a $40.00 service charge.**
- **After two (2) such dishonored payments, the Plan will be cancelled by the City Clerk, or the Tax Assessor of the City of Humboldt.**
- **NO penalties will be levied on the outstanding balance.**
- **Account 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 10 days prior to your next payment.**