



MUNICIPALITY OF MARMORA AND LAKE
P.O. Box 459, 12 Bursthall Street, Marmora, ON K0K 2M0
PH.(613)472-2629 FAX (613) 472-5330
www.marmora.info/

CONFIRMATION OF PRE-AUTHORIZED DEBIT (PAD) SIGN UP

Please fill in this form and return to the office of the Municipality of Marmora and Lake with a personal cheque unsigned and marked VOID. This cheque will be used for verification purposes.

PAYOR NAME _____ **DATE** _____

ADDRESS _____

CITY _____ **PROVINCE** _____ **POSTAL ODE** _____

TELEPHONE # _____

For the purpose of paying property taxes for
ROLL# _____

If Additional Roll #'s _____

Plan Type (Please check one only)

_____ **Exact Instalment Date:** The Municipality offers this plan by instalment which debits your account for the instalment amounts on the last business day of the applicable due dates each year.

OR

_____ **Equal Payment:** The Municipality offers a monthly plan whereby your bank account is debited on the last business day of each month for an equal monthly amount and the last instalment date for the year the exact amount outstanding.

THIS FORM GIVES AUTHORIZATION FOR

The Municipality of Marmora and Lake, P.O. Box 459, 12 Bursthall St., Marmora, ON, K0K 2M0 to debit Payor Account (Check One) Yes _____ **NO** _____

ACCOUNT NAME _____

FINANCIAL INSTITUTION (Name & Transit #) _____

ACCOUNT # _____

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Payment Start Date _____

Pre-Authorized Debit is for (Check One): PERSONAL _____ BUSINESS _____ purposes

PRE-NOTIFICATION TERMS

For equal PADs the Payee has agreed to pay the required amount that is needed for their tax account to be at a Zero Balance at the end of October. The Payee has agreed that we may reduce or waive the pre-notification for equal amount PADs and agree that advance notice is not required prior to the debit being processed.

I/WE have read and understood the terms of this authorization and acknowledge receipt of copy thereof. (Joint Accounts require both signatures)

Signed _____ Dated _____

Signed _____ Dated _____

Note:

The PAD Agreement may be cancelled provided notice is received 15 days prior to the PAD monthly date- and not to exceed thirty (30) days before the next scheduled PAD. A Cancellation Notice is required to be filled out and may be obtained at the Municipal Office. If any of the above details are incorrect, please contact us immediately at the above information. 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 Date indicated above.

You have certain recourse rights if any debit does not comply with these terms. 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. (Exception; If a Funds Transfer PAD and coded "650" or "83", CPA Member initiating the Funds

Transfer

must advise that the Payor will not have recourse within the CPA Rules).

