



Municipality of French River
44, St. Christophe Street, Suite 1, Noelville, Ontario P0M 2N0
(705) 898-2294

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Please complete the following forms, attach a **“VOID”** cheque and return to the address noted above.

PAYER INFORMATION:

Roll Number: 5201 - _____ - 000 - _____ - 0000		
Payer Name(s):		
Address:		
City:	Province:	Postal Code:
Telephone:		

PAYER FINANCIAL INSTITUTION INFORMATION:

Name of Financial Institution:		
Branch Address:		
City:	Province:	Postal Code:

TYPE OF PLAN (SELECT ONE):

☐ **Monthly** – This plan runs from January to November each year with eleven payments due on the 20th of each month. The first six pre-authorized debits (January through June) will be approximately one eleventh of the previous year’s total tax levy. After the final tax bills are calculated in June, the next five pre-authorized debits (July through November) will be adjusted to reflect the current year’s tax rate and assessed value. There will be no payment in December.

☐ **Installment due dates** – Under this plan there will be four pre-authorized debits (February, March, July, August) on the due dates specified on the interim and final tax bills.

Since interest charges will not be applied to tax accounts participating in the pre-authorized debit plan, all taxes & interest outstanding must be paid before enrollment in the plan will be permitted.

Initial

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Terms & Conditions

1. In this agreement, “I”, “me” and “my” (if a legal person, herein represented by its representative(s), who declare themselves duly authorized for the purposes hereof) refers to each Account Holder who signs below.
2. I agree to participate in the Pre-Authorized Debit Plan and I authorize the Municipality of French River (“Payee”) to draw a debit in electronic form for the purpose of making payment for consumer goods or services (a “Consumer PAD”), on my account indicated on the attached authorization form and I authorize the Financial Institution to honour and pay such debits.
3. I may revoke this Authorization at any time with a notice of 10 days prior to the next due date by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and does not have any bearing on the amount owing to the Payee.
4. I agree that my Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Consumer PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee’s financial institution and agree to the disclosure of any personal information which may be contained in the Authorization to such financial institution.
6. I understand that I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Consumer PAD, and such notice shall be received every time there is a change in the amount or payment date(s).
7. 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 receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) days prior to the next due date.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I agree that if any payment does not clear my bank account for any reason, an administration charge of \$40 (or the amount as amended in future User Fees By-law) will be imposed on my account. I understand that a second occurrence within a twelve month period will result in automatic removal from the plan.
11. I understand that the plan applies only to regular yearly taxes. Any other amounts (ex. Supplementary taxes) added to my account during the year must be paid in full separately from the plan.
12. I understand and agree to these terms and conditions.

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date