

Township of Montague

Preauthorized Payment Authorization

*** Be sure to enclose a sample cheque marked "VOID" with this form***

Tax Account #: _____ Type of Service: Business ___ Personal ___

Property Owner(s): _____

Property Address: _____

Telephone # (Home): (____) _____ - _____ Telephone # (Mobile): (____) _____ - _____

Email Address: _____

Name of Financial Institution: _____

Branch Address: _____

Transit #: _____ Bank #: _____

Bank Account #: _____

I/We hereby authorize the Township of Montague, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments and/or one-time payments from time to time, for payment of my/our property tax account identified above, on the last business day of each month, as per the terms and conditions provided with this application.

Signature of Bank Depositor _____ Date: _____

Signature of Bank Depositor _____ Date: _____

Contact Information:

Township of Montague
6547 Roger Stevens Drive, PO Box 755 Phone: 613-283-7478
Smiths Falls, Ontario, K7A 4W6 Email: treasurer@township.montague.on.ca

*Terms and Conditions of Preauthorized
Payment Withdrawal*

- 1) In this agreement, "I", "me" and "my" refers to each Account Holder who signs this application.
- 2) I hereby authorize the Township of Montague to withdraw from my bank/trust account for payment of my property tax account on the last business day of each month.
- 3) This authority is to remain in effect until The Township of Montague has received written notification from me/us of its change or termination. This notification must be received at least (10) ten business days before the next debit is scheduled at the address above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.
- 4) I agree that delivery of this Authorization to the Township of Montague constitutes delivery by me to my bank/trust company and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
- 5) I certify that all information provided with respect to the Account is accurate and I agree to inform the Township, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of any changes. In the event of any such change, this Authorization shall continue in respect of any new account to be used for this Authorization Program.
- 6) I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization.
- 7) I understand and agree to the foregoing terms and conditions and hereby make application to enroll in the Preauthorized Payment Plan.
- 8) The Township of Montague may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least (10) ten days prior written notice to me/us.
- 9) I/We has certain recourse rights if any debit does not comply with this agreement, For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca.