

APPLICATION

for Pre-Authorized Debit (PAD)

Box 140 Ryley, AB T0B 4A0 (780) 663-3730 Fax: (780) 663-3602

Monthly Tax Payment Plan

Name of Property Taxpayer		Postal Add	lress	Email	
City/Town/Village	Province	Postal Code	Phone (Day)	Phone (Bus.)

FINANCIAL INSTITUTI information) Name of F		AXPAYER	Financial Institution's Stamp (verifying bank
Branch Address			
City/Town/Village	Province	Postal Code	
Chequing	OR Sav	rings	

Type of Service: Personal _____ Business _____

Bra	anch		Institution					Account Number							 		
1:				111				1:									

All persons whose signatures are required to sign on this bank account have signed their agreement below.

I/We hereby authorize Beaver County and its financial institution to debit my/our account listed above, for annual taxes levied against the following properties:

A. Subdivided Land ONLY			
Plan	Block	Lot	Roll Number

Quarter	Section	Twp.	Rge.	W4 Mer.	Roll Number	
NE						
NW SE						
SW						
Circle one						
NE						
NW SE						
SW						
Circle one						

When do you want your first payment to start? ____

_____ Have you paid your taxes up until that day? Yes____ No_

Please Note: The monthly payment will be calculated in equal amounts prorated to the number of months remaining in the calendar year.

I/We have read the conditions listed on the reverse relating to this Application and acknowledge agreement to these terms by signing below.

Signature	Signature
Date	Date

PLEASE NOTE:

- 1. For eligibility, this form must be received by Beaver County no later than the 15th of the month prior to start date.
- 2. The current taxes, local improvement levies, plus any tax arrears must be prorated for eligibility in the Plan.
- 3. Not all savings accounts can be debited; check with your financial institution.

4. SEE REVERSE

CONDITIONS OF APPLICATION FOR PRE-AUTHORIZED DEBIT - MONTHLY TAX PAYMENT PLAN

- 1. I/We hereby authorize Beaver County and its financial institution to debit my/our account listed on the reverse:
 - a) for annual property taxes including any local improvement levies payable to Beaver County;
 - b) on the first day of each month throughout the taxation year;
 - c) in the amount of the monthly payment as determined by the Monthly Tax Payment Plan Bylaw No. 17-1051;
 - d) and which amount may increase/decrease to the amount shown on the annual Property Tax Notice issued by Beaver County
- 2. A specimen cheque marked "VOID" (if applicable) is attached to this Application. The Branch, Institution, and Account numbers have been verified by my/our financial institution.
- 3. This authorization may be cancelled at any time upon written notice by me/us, and all outstanding taxes become due and payable and subject to penalties. A sample cancellation form, or more information of the right to cancel a PAD Agreement can be obtained at your financial institution or by visiting www.cdnpay.ca.
- 4. Any payment returned N.S.F. or because of a closed account may result in termination of the Plan, and all outstanding taxes become due and payable and subject to penalties.
- 5. In the event of a sale of the above-noted property or a change in bank accounts, I/we will notify Beaver County in writing, at least TWO WEEKS in advance of the next payment date, to arrange for cancellation, or to provide the new bank account information and a cheque marked "VOID".
- 6. Any delivery of this authorization to you constitutes delivery by me/us.
- 7. All persons whose signatures are required to sign on this bank account have signed their agreement on the reverse.

8. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit <u>www.cdnpay.ca.</u>