



# Township of Perry

1695 Emsdale Road, Emsdale, ON P0A 1J0

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[www.townshipofperry.ca](http://www.townshipofperry.ca)

## Pre-Authorized Debit (PAD) Agreement

Name: \_\_\_\_\_

Tax Roll No. 4914 000 \_\_\_\_\_

Property Civic Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

I/we authorize the Township of Perry, and their designated financial institution to begin deductions as per my/our instructions for payment of the property taxes indicated above according to the following payment frequency (please select one)

- { } 12 Month Plan: January 20<sup>th</sup> – December 20<sup>th</sup>
- { } 12 Month Plan: End of each month
- { } Installment Plan: Due Dates Only (4 installment plan withdrawals by tax bill due date)

I/we accept the terms and conditions herein defined and authorize the Township of Perry to begin deductions for payments of my/our property tax account for the amount specified. I/we ensure that the funds will be available to cover the withdrawal. I understand payments returned due to non-Sufficient Funds or any other reason are subject to a processing fee which will be added to the property tax account in accordance with the Township of Perry Fees By-law.

This authority is to remain in effect until the Township of Perry has received **written notification** from me/us of the change or termination. The notification must be received by the Tax Department **at least ten (10) business days before the next debit is scheduled.**

I/we have certain recourse rights if any debit does not comply with this agreement. I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement.

**REMOVAL OF THIS PLAN IS THE RESPONSIBILITY OF THE PROPERTY OWNER, NOT THE LAWYER.**

For further information regarding our Pre-Authorized Debit Plan, please call the Municipal Office at 705-636-5941.

**For joint accounts all depositors must sign if more than one signature is required on cheques issued against this account.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BANK ACCOUNT INFORMATION

\_\_\_\_\_  
Name of Bank, Trust Company or Financial Institution

\_\_\_\_\_  
Branch Address

**Copy the following from your personal cheque**

\_\_\_\_\_  
Branch ID (5 digits)

\_\_\_\_\_  
Bank ID (3 digits)

\_\_\_\_\_  
Bank Account Number

**For account verification purposes, please enclose/attach a blank personal cheque marked "VOID" the Township is not responsible for inaccurate account numbers if a cheque is not attached.**

#### OFFICE USE ONLY

Start Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_