

# VILLAGE OF DONNELLY

## PRE-AUTHORIZED TAX PAYMENT PLAN AUTHORIZATION FORM

TAX ROLL NUMBER: \_\_\_\_\_ Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

NAME ON TAX ACCOUNT \_\_\_\_\_ Phone Number \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

ESTIMATED TAX LEVY: \_\_\_\_\_

RATE JAN-MAY \_\_\_\_\_ JUN-NOV \_\_\_\_\_ FINAL ADJ DECEMBER \_\_\_\_\_

(estimated from prior years le)' 12 equal payments) (adj. amount paid to date averaged over remaining 7 months)  
(adjust to ensure taxes paid in full to the cent by Dec 31)  
(Pre-authorized monthly tax payments rounded to the nearest dollar except for December's installment)

I/we Authorize the Village of Donnelly, and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Village of Donnelly tax account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the date chosen below. Village of Donnelly Utilities will provide 10 days written notice of the amount of each regular debit, Village of Donnelly utilities will obtain my/our authorization for any other one-time or sporadic debits.

Village of Donnelly may not assign this authorization, weather directly or indirectly, by operation of law, change of control or otherwise, \Without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for and PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim. Or more information on my/our recourse rights, I/we may contact my/our Financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_ City/Town: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

BRANCH NUMBER \_\_\_\_\_ INSTITUTION NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

( digits)

(3 digits)

For verification purposes please enclose one of your personal cheques marked "VOID".

TO DEBIT MY/OUR ACCOUNT AS INDICATED ABOVE FOR ALL ESTIMATED PROPERTY TAXES PAYABLE TO THE VILLAGE OF DONNELLY: (choose option below)

15th DAY OF EACH MONTH BEGINNING \_\_\_\_\_ ~~OR~~ LAST DAY OF EACH MONTH BEGINNING \_\_\_\_\_

- THE TREATMENT OF EACH PAYMENT SHALL BE THE SAME AS IF I/WE HAD PERSONALLY ISSUED A CHEQUE AUTHORIZING PAYMENT AS INDICATED AND TO DEBIT THE AMOUNT SPECIFIED ABOVE TO MY/OUR ACCOUNT.
- This authority is to remain in effect until Village of Donnelly, as received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled as the address provided below. 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](http://www.cdnpay.ca).
- In the event of a sale of the above noted property, it is your responsibility to immediately notify the taxation section at the Village Office to arrange for cancellation or transfer of the plan two weeks prior to your next payment
- In the event that you may change bank accounts, a "sample" cheque of your new account must be forwarded to the Village Office at least two weeks prior to your next payment.
- For Eligibility this form must be received by the Village of Donnelly no later than two weeks prior to first payment.

DATE \_\_\_\_\_ PRINT NAME ON BANK ACCOUNT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

Village of Donnelly P.O. Box 200 Donnelly, AB T0H 1G0

Phone (780) 925-3835

Fax (780) 925-2100

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