

Automatic Withdrawal Tax Payment Registration



Property Information

Property Owner Name(s): _____

Mailing Address: _____

Property Address: _____

Property Roll #: _____ Phone: _____

Email: _____

Send PROPERTY TAX BILLS to my email

Send letters/correspondence to my email

Banking Information

****Please enclose a void cheque**

Account Holder Name(s): _____

Bank Name: _____ Address: _____

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Bank #

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Transit #

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Account #

Withdrawal Information (please select)

Monthly \$_____ Monthly withdrawals will take place on the last business day of every month. You will continue to receive your property tax bills as you normally would, these are for your records only. The monthly calculation is based off previous year's taxes for the property, divided by number of months from now through October.

Tax Due Date Funds will be withdrawn on the last business day of February, May, August and October. You will continue to receive your property tax bills as you normally would, these are for your records only. The amount withdrawn is the amount per property tax billing installment on the bill(s).

Authorization

I hereby authorize the Town of Petrolia to withdraw the above noted funds in payment of my property tax billing from the bank account and financial institution designated on my void cheque. This authorization may be cancelled by me by written request at least ten (10) days prior to the next payment date or may be cancelled by the Town of Petrolia for any reason at any time. It is understood that this withdrawal is classified as a Personal Pre-Authorized Debit Agreement. It is understood that 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 Pre-Authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I have read and acknowledge the "Instructions, Terms & Conditions & FAQ" listed on the reverse of this form.

Authorized Signature of Account Holder

Authorized Signature for the Town of Petrolia

Date

Date