



P.O. Box 640, HUMBOLDT, SK S0K 2A0  
Phone: (306) 682-2525

## PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT MONTHLY TAX PAYMENT PLAN (T.I.P.P.S.)

### 1. CUSTOMER INFORMATION (please print clearly)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Roll No.: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### 2. BANK ACCOUNT INFORMATION

Deposit Account No. \_\_\_\_\_ Branch Transit No. \_\_\_\_\_  
Financial Institution No. \_\_\_\_\_  Chequing Account  Savings Account  
Financial Institution Name: \_\_\_\_\_  
Branch Address: \_\_\_\_\_

### 3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the Payor, authorize the City of Humboldt to debit the bank account identified above in the amount of \$ \_\_\_\_\_, on the 15<sup>th</sup> day of each month beginning \_\_\_\_\_, 20\_\_.

These services are for (check one)  Personal  Business Use

You, the Payor, may revoke your authorization at any time, subject to providing the City written notice within 10 days of the cancellation. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

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

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

You have certain recourse rights if any debit does not comply with this agreement.

\*For example, you 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 your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\* Payments dishonored as NSF are subject to a \$20.00 service charge.

\* After two (2) such dishonored payments, the Plan will be cancelled by the City Clerk, or Tax Collector of the City of Humboldt.

\* No discount will be granted for prepayments, January to May, nor will penalties be levied on the outstanding balance from August to December.

\* Taxes must be current to qualify for this program.

\* In the event of a sale of the above noted property, or a change in bank account, it is the responsibility of the property owner to immediately notify the City of Humboldt at least two weeks prior to your next payment.

PLEASE ENCLOSE A VOID CHEQUE WITH YOUR COMPLETED FORM.