



# PRE-AUTHORIZED DEBIT (PAD) PROGRAM ENROLLMENT FORM

**Customer Information (select ONLY one box below) : Separate enrollment forms must be submitted for each Tax, Waste Water and Water account**

Property Tax Account    Waste Water Account    Water Utility Account      Account # (as it appears on bill) \_\_\_\_\_

Name (as it appears on tax / water billing) \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Banking Information (complete this section and attach a cheque marked "VOID")**    Chequing Account       Savings Account

Name of Financial Institution \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_

Financial Institution # (3 digits) \_\_\_\_\_ Branch Transit # (5 digits) \_\_\_\_\_ Bank Account # \_\_\_\_\_

**Pre-authorized Payment Details (select ONLY one box below)**

1<sup>st</sup> of each month      \$ \_\_\_\_\_      Beginning the 1<sup>st</sup> of \_\_\_\_\_ (month/yr)  
 15<sup>th</sup> of each month      \$ \_\_\_\_\_      Beginning the 15<sup>th</sup> of \_\_\_\_\_ (month/yr)  
 1<sup>st</sup> and 15<sup>th</sup> of each month      \$ \_\_\_\_\_      Beginning the 1<sup>st</sup> / 15<sup>th</sup> of \_\_\_\_\_ (month/yr)

Tax Bill Due Date (June 1<sup>st</sup> & September 30<sup>th</sup>, or as noted on the tax invoice)       Water Bill Due Date (Quarterly)  
 Waste Water Bill Due Date (Quarterly)

## Payor's Pre-authorized Debit (PAD) Program Agreement

1. I/We authorize the TOWN OF STEWIACKE (TOS) for property tax, and waste water accounts and the TOWN OF STEWIACKE (TOSWU) for water utility accounts and the financial institution designated above to begin deductions as per my/our instructions specified above, for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our property tax account, waste water account or water account.
2. The TOS or the TOSWU will obtain my/our authorization for any other one-time or sporadic debits.
3. This authority is to remain in effect until the TOS or the TOSWU has received written notification from me/us of a change or termination. Notification must be received at the town office in Stewiacke, NS, at least ten (10) business days before the next debit is scheduled. 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.
4. The TOS or the TOSWU may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.
5. 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 any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution.
6. The TOS or the TOSWU will provide, for fixed amount PAD's, written notice of the amount to be debited and the due date(s) of debiting, at least ten(10) calendar days before the due date of the first PAD, and such notice shall be received every time there is a change in the amount or payment date(s); or with respect to variable amount PADs, written notice from the Payee of the amount to be debited and the due date(s) or debiting, at least ten(10) calendar days before the due date of every PAD.
7. Revocation of this authorization does not terminate any contract for goods and services that exists between me/us and the TOS or the TOSWU. My/our authorization applies only to the method and does not otherwise have any bearing on the contract for goods or services exchanged.
8. I/We understand that PAD payments rejected by my/our financial institution will be subject to service charges as established from time to time by the TOS or the TOSWU, and may result in cancellation of my/our participation in the PAD Program.

I/We hereby authorize the TOS or the TOSWU and the financial institution indicated above to release funds for payment under the terms and conditions of this request and as indicated above.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name (please print)

Name (please print)

\_\_\_\_\_

\_\_\_\_\_

Date (please print)

Date (please print)

\_\_\_\_\_

\_\_\_\_\_



# PAYMENT OPTIONS FOR TAX AND WATER ACCOUNTS

The TOWN OF STEWIACKE (TOS) for property tax accounts and the TOWN OF STEWIACKE WATER UTILITY (TOSWU) for water utility accounts offer a full range of payment options for your convenience.

**By mail:** Town of Stewiacke, 295 George Street, Stewiacke, NS, B0N 2J0— include the invoice number on the front of the cheque. Please allow sufficient time for the payment to reach our office by the due date to avoid late charges.

**Drop box:** Located at the front entrance to our office at 295 George Street, Stewiacke. Please do not include cash in payments made via the drop box.

**In person:** 8:30am to 4:30pm (closed from 12:30pm to 1:30pm), Monday to Friday (excluding holidays) at 295 George Street, Stewiacke. (Cash, Cheque or Debit accepted)

**Financial Institutions:** Most financial institutions or automated banking machines in Canada can process your payment— make sure to present your bill to ensure proper posting to your account.

**Internet or Telephone Banking:** Please contact your bank or credit union for details and ask whether they provide a recurring payment option.

## Pre-authorized Debit (PAD) Program

As a budgetary tool, we offer the option of paying your tax and/or water bills directly from your bank account by enrolling in our Pre-authorized Debit Program. Any balance owing past the due date will be subject to interest charges and other remedies in accordance with established policies and procedures.

The following options are offered for your convenience:

- Total due can be withdrawn on the Invoice Due Date.
- A specific amount to be withdrawn on the 1st OR 15th of each month.
- A specific amount to be withdrawn on BOTH the 1st AND 15th of each month.

*(Please note that interest is not paid on credit amounts accumulated in your tax or water account)*

Forward your completed **Pre-authorized Debit (PAD) Program Enrollment Form** (see reserve) to the town office in Stewiacke (see address below). Forms must be received at least fifteen (15) business days prior to the first withdrawal. A separate form is required for each tax account and water account.

**NOTE:** Cheques or PAD payments rejected by your financial institution will be subject to service charges as established from time to time by the TOS or the TOSWU; this is in addition to any services charges applied by your financial institution.

## How to Contact Us ...

<b>In Person</b>	<i>(Monday-Friday, 8:30am-4:30pm closed from 12:30pm-1:30pm)</i> 295 George Street Stewiacke, NS B0N 2J0	<b>Mail</b>	<b>Town of Stewiacke</b>  295 George Street Stewiacke, NS B0N 2J0
<b>Telephone</b>	902-639-2231	<b>Online</b>	www.stewiacke.net
<b>Email</b>	town@stewiacke.net	<b>Fax</b>	1-902-639-2221

To ensure prompt and accurate information and/or payment processing in relation to your property tax or water account, please provide your name, address, and account number in all communications.