

**Town of Peace River
Pre-authorized Debit (PAD) Agreement**

I/we authorize the Town of Peace River and the financial institutions designated (or any other financial institutions I/we may authorize at any time) to begin deductions as per my/our instructions for monthly recurring payments for monthly tax installment payment plan amounts. Regular monthly payments for the full amount specified under the monthly tax installment plan agreement will be debited to my/our account on either the 1st or the 15th of each month in accordance with my/our instructions as set out in the monthly tax installment payment plan agreement.

This agreement is to remain in effect for the entire term of the monthly tax installment payment plan agreement, or until the Town of Peace River has received written notification from me/us of its change or termination and arrangements for an alternate form of monthly payments under the monthly tax installment payment plan has been made. This notification must be received at least ten (10) business days before the next debit is scheduled at 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.

The Town of Peace River may not assign this authorization, whether 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 any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement of Claim, or for more information on my/our recourse rights, I/we may contact our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

Name(s) _____ Tax Roll # _____

Address: _____

City/Town _____ Province _____ Postal Code _____

Phone Number (Bus) _____ (Res) _____

Financial Institution (FI) _____

FI Account Number _____ FI Transit Number _____

Address: _____

City/Town _____ Province _____ Postal Code _____

Authorized Signature(s) _____

Town of Peace River, P.O. Box 6600, 9911-100 Street, Peace River, Alberta, T8S 1S4, Phone 780-624-2574

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Municipal Government Act. The information collected will be used solely for purposes related to the administration of assessment and taxation. Questions regarding the collection of this information may be directed to the Assessment and Taxation Department at 780-624-2574.