

**MUNICIPALITY OF NORTHERN BRUCE PENINSULA
RATEPAYERS AUTHORIZATION
FOR PRE-AUTHORIZED PAYMENTS FOR TAX PURPOSES**

1. Ratepayers Name and Address – Please Print

I/We warrant and represent that the following information is accurate:

Roll No(s). _____

Name: _____

Address _____

Telephone _____

Name of Ratepayers Bank _____

Address of Bank _____

Account Number _____

Please attach a specimen cheque marked “VOID” to your application.

I/We will inform the Municipality in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. I/We acknowledge that the Authorization is provided for the benefit of the Municipality of Northern Bruce Peninsula and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the Account”) in accordance with the Rules of the Canadian Payments Association.
 3. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
 4. I/We hereby authorize the Municipality of Northern Bruce Peninsula to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the “PAD”) drawn on the Account for payment of property taxes.
1. I/We may cancel the Authorization at any time upon providing written notice to the Municipality of Northern Bruce Peninsula.
 2. I/We acknowledge that provision and delivery of the Authorization to the Municipality of Northern Bruce Peninsula constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Municipality of Northern Bruce Peninsula, regardless of the method of delivery constitutes delivery by me/us.
 3. The Municipality of Northern Bruce Peninsula will provide to me/us, at the address provided in Section 1:
 - a) with respect to fixed amount PAD’s , written notice of the amount to be debited (the “Payment Amount”) and the date(s) on which the Payment Amount debited will be posted to my/our Account (the “Payment Date”), at least 10 calendar days before the Payment Date of the **first** PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);

- b) with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment of every PAD; and

4. I/We wish to have debited from my Account the following payments:

Interim Tax Bill _____ Yes _____ No

Final Tax Bill : _____ Yes _____ No

I/We understand that we will receive a tax bill and that the amount will be debited from our account on the due date indicated on the tax bill or,

- 5. I/We wish to make monthly payments in the amount of \$_____ with the understanding that a penalty of 1.25% will be added to any outstanding monthly principal.
- 6. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Municipality as a condition to honouring a PAD issued or caused to be issued by the Municipality on the Account.

7. I/We may dispute a PAD only under the following conditions:

- c) the PAD was not drawn in accordance with the Authorization.
- d) the Authorization was revoked; or
- e) Pre-notification, as required under section 8 was not received.

I/We acknowledge that in order to be reimbursed, a declaration to the effect that either (a),or (b) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

- 8. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.
- 9. I/We understand and accept terms of participating in this PAD plan.

_____ Date _____
Signature of Ratepayer

Signature of Ratepayer