

**TOWN OF FALHER
PRE-AUTHORIZED TAX (PAT) PAYMENT PLAN AGREEMENT**

PAYOR: _____

(Address)

(City, Province & Postal Code)

(Phone Number)

Legal Land Description: _____ Civic Address: _____
(Lot) (Block) (Plan)

Tax Roll No. _____

Tax Levy: \$ _____ Estimate Actual

Pre-authorized Monthly Tax Payment: \$ _____

I / WE HEREBY AUTHORIZE MY / OUR BANK _____

(Institution No.)

(Branch No.)

(Account Number)

TO DEBIT MY/OUR ACCOUNT AS INDICATED ABOVE FOR ALL PROPERTY TAXES PAYABLE TO THE TOWN OF FALHER ON THE: (Check One)

() - 15th DAY OF EACH MONTH BEGINNING _____, _____

() - LAST DAY OF EACH MONTH BEGINNING _____, _____

(For verification purposes please enclose a "VOID" cheque)

1. The monthly Pre-authorized Tax Payment amount will be adjusted every January and June. The Town of Falher will provide 10 days written notice of the new monthly Pre-authorized Tax Payment amount.
2. This authorization may be cancelled upon written notice by me/us within ten business days prior to my/our next payment. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-authorized Tax Payment Plan Agreement, I/we may contact my/our financial institution or visit www.cdnpay.ca.
3. For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.
4. In the event of a sale of the above property, it is your responsibility to immediately notify the taxation department at the Town Office to arrange for cancellation or transfer of the plan ten business days prior to your next payment.
5. In the event that you change bank accounts, a "VOID" cheque of your new account must be forwarded to the taxation department - Town Office at least ten business days prior to your next payment.
6. I/we 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 PAT Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

DATE

SIGNATURE

SIGNATURE

CANCEL PRE-AUTHORIZED TAX PAYMENT PLAN

Tax Roll No. _____

I, _____ request that my pre-authorized tax payment plan be cancelled

effective _____; therefore my final pre-authorized tax payment will be/was

DATE

SIGNATURE

SIGNATURE