

Municipality of West Nipissing

MONTHLY OR DUE DATES

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize "Municipality of West Nipissing" and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for "12 installments starting from January to December or regular due dates (4 payments)" of all charges arising under my/our "Municipality of West Nipissing" account(s). Please circle your choice. "Municipality of West Nipissing" will provide 10 days written notice of the amount of debit. "Municipality of West Nipissing" will obtain my/our authorization for any other debits.

This authority is to remain in effect until "Municipality of West Nipissing" has received written notification from me/us of its change or termination, or by signing the cancellation request at the bottom of this agreement. The notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. This agreement will also be deemed null upon the sale of the property.

"Municipality of West Nipissing" 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.

CUSTOMER(S) INFORMATION (please print)

DATE: _____

Name(s): _____

Municipality of West Nipissing Roll #:

Type of service: Personal _____ Business _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Telephone Numbers: Home: _____

Work/Business: _____

FINANCIAL INSTITUTION INFORMATION (FI) (please print)

Note: Please attach a VOID cheque - required

FI account #: _____

FI Branch & Transit Number: _____
(branch-5 digits; transit- 3 digits)

FI Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Customer(s) Authorized signature(s): _____

CANCELLATION OF ABOVE PAD AGREEMENT per: _____ (please print)

DATE: _____ SIGNATURE(S): _____



West Nipissing Ouest

Municipality of West Nipissing
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225 Holditch Street, Suite 101
Sturgeon Falls, Ontario P2B 1T1
Tel.: 705-753-2250 Fax: 705-753-3950
[Web site: www.westnipissing.ca](http://www.westnipissing.ca)