

## Pre-Authorized Payment Sign-Up Form

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For your convenience, the Township of Adelaide Metcalfe offers a pre-authorized payment service for your tax bills.

By signing-up for pre-authorized payment, your tax bills will be automatically withdrawn from your financial institution. There is no requirement to sign-up for this service, there is no fee for this service, and you may opt-out at any time.

### **A – Contact Information**

Exact Name(s) in which Account is Held: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tax Payment Type (*choose one only*) \_\_\_\_\_ Personal \_\_\_\_\_ Business

### **Property Address:**

Street Address & Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **Mailing Address ( Same as Service Address):**

Street Address & Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### **B – Financial Institution**

Financial Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Please attach a blank cheque marked VOID in this space or  
attach equivalent statement from your Financial Institution.

## **C – Request for Pre-Authorized Payments**

Please sign-me up for Pre-Authorized Payments:

**Property Tax Bill** – roll number: \_\_\_\_\_  
(ie. 39-46-XXX-XXX-XXXXX-XXXX)

**Monthly Option:** I would like to have my property tax payment withdrawn monthly for 10 months (Feb. to Nov.). Payments are withdrawn on the 20<sup>th</sup> of the month or the next business day if the 20<sup>th</sup> falls on a Saturday, Sunday or holiday.

**OR**

**Due Date Option:** I would like to have my property tax payment withdrawn quarterly on the due dates. Payments are withdrawn on the last business days of February, May, August and November.

## **D – Terms and Conditions**

### **Pre-Notification of Amounts (Billing)**

**Tax Bills – Monthly Option:** The Township will provide written notice of the amount to be debited and the date of the debit at least 10 calendar days before the date of the first debit and every time there is a change in the amount or payment date.

**Tax Bills – Due Date Option:** The Township will provide written notice of each amount to be debited and the date of the debit at least 10 calendar days before the date of each debit. The tax notice (tax bill) will serve as notice of the amount to be debited.

### **NSF Charges**

In the event that a payment is returned from the Financial Institution for non-sufficient funds (NSF), the Township will charge the Customer the administration charge according to current Fees and Charges By-Law.

### **Rights of Dispute**

The Account Holder (the “Customer”) may dispute a debit under the following conditions: (i) the debit was not drawn in accordance with this Authorization; (ii) this Authorization was revoked or cancelled; or (iii) pre-notification (as set out above) was not received.

In order to be reimbursed, the Customer must complete a Declaration Form at the above indicated branch of the Financial Institution up to and including: (i) 90 calendar days (in the case of a personal/household debit), or (ii) 10 calendar days (in the case of a business debit), after the date on which the debit in dispute was posted to the Customer’s account.

The Customer acknowledges that disputes after the above-noted time limitations are matters to be resolved solely between the Township and Customer.

To obtain more information on recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

## Terms of Authorization to Debit the Above Account

The Financial Institution is not required to verify that any debits drawn by the Township are in accordance with this Authorization or the agreement made between the Customer and the Township.

It is acknowledged that in order to revoke this Authorization the Customer must provide written notice to the Township. This Authorization may be cancelled at any time upon written notice by the Customer to the Township 15 days prior to the next debit being issued. To obtain a form to cancel or change your pre-authorized payment, please visit our website [www.adelaidemetcalfe.on.ca/services/billing-and-payments](http://www.adelaidemetcalfe.on.ca/services/billing-and-payments). For more information on your right to cancel a PAD agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca) This Authorization applies only to a method of payment and cancellation of this Authorization does not mean that the Customer's contractual obligations to the Township are ended.

The Customer will notify the Township promptly in writing if there is any change in the above account information.

Any delivery of this Authorization to the Township constitutes delivery by the Customer to the Financial Institution. **It is warranted by the Customer that all persons whose signatures are required to sign on the above account have signed this Authorization.** The Customer acknowledges having retained a signed copy of this Authorization for their records.

## **E – Acknowledgements & Signature**

- I have **read and agree to the terms and conditions** listed above.
- I acknowledge that **my account(s) has no past arrears**.
- I understand that it may take up to **14 business days to process this request**, so I may have to pay one or more bills prior to the pre-authorized payment becoming active.
- I understand that I will **continue to receive copies of my property tax bills** for my records, and that I can opt to have these statements sent by email. (Complete the “sign-up for email billing” form if interested.)

### **Signature(s) of Authorized Account Holder(s)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. The information will be used by the Township of Adelaide Metcalfe to process the application and to ensure compliance with all applicable statutes, regulations and by-laws.

### **Submit this form to:**

Township of Adelaide Metcalfe  
2340 Egremont Dr., Strathroy, ON, N7G 3H6  
T: (519) 247-3687 • F: (519) 247-3411 • E: [taxes@adelaidemetcalfe.on.ca](mailto:taxes@adelaidemetcalfe.on.ca)

For office use only:

Process Date Tax Bill	Initial	Effective Date