



The Corporation of the

Municipality of Trent Hills

66 Front Street South, P. O. Box 1030, Campbellford, ON K0L 1L0
Phone: (705) 653-1900 Fax: (705) 653-5203

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

PROPERTY ADDRESS _____

Property Assessment Roll No. _____ And/Or Water/Sewer Act No. _____

1. **Payor's Name and Address – Please Print**

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

Last Name/Business Name First Name Daytime Telephone

Mailing Address – Street Town/City Postal Code

I/We acknowledge that, in order to enroll in the Pre-Authorized Payment Program, all participating accounts (Tax Roll Accounts and/or Water & Sewer Accounts) MUST have a zero balance owing or the current billing owing ONLY. This form must be received in office at least 10 business days prior to the due date of the Pre-Authorized Payment.

I/We have attached a specimen cheque (drawn on a CANADIAN Financial Institution ONLY) marked "VOID" to this Payor Authorization. **CHEQUING OR SAVINGS ONLY!!!!!! ***NO CREDIT LINE ACCOUNTS PERMITTED*****

I/We will inform the Municipality of Trent Hills, **in writing and received in the office at least 10 business days prior to the next due date of the Pre-Authorized Payment,** of any change in the information provided in this section of the Authorization.

2. **Payee's Name and Address:** Municipality of Trent Hills 66 Front St S PO Box 1030 Campbellford, ON K0L 1L0
Phone: (705) 653-1900 ext 231 Fax: (705) 653-5203

3. I/We acknowledge that the Authorization is provided for the benefit of Municipality of Trent Hills and my/our financial institution (as indicated on attached VOID cheque) and is provided in consideration of my/our financial institution agreeing to process debits against my/our account in accordance with the rules of the Canadian Payment Association.

4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the Authorization below.

5. **I/We hereby authorize Municipality of Trent Hills to issue Pre-Authorized Debits (as defined in Rule H1 of the Canadian Payments Association) for the following purpose(s): **CHECK ONE OR BOTH**

TAXATION Variable Amount Pre-Authorized on the Tax Installment Due Dates Personal OR Business

WATER/SEWER Variable Amount Pre-Authorized on the Billing Due Date Personal OR Business

6. **I/We will direct the Municipality of Trent Hills to cancel this signed Agreement, **in writing and received in the office at least 10 business days prior to the next due date of the Pre-Authorized Payment.** Further information regarding my/our right to cancel may be obtained at www.cdnpay.ca.

7. I/We acknowledge that provision and delivery of the Authorization to the Municipality of Trent Hills constitutes delivery by me/us to my/our financial institution. Any delivery of the Authorization to the Municipality of Trent Hills, regardless of the method of delivery, constitutes delivery by me/us.

8. The Municipality of Trent Hills will provide to me/us, at the address provided in section 1, written notice of the payment amount(s) and the payment due date(s) at least 10 business days before the payment due date(s) of every Pre-Authorized Payment.
9. The Municipality of Trent Hills may issue a Due Date Pre-Authorized Payment in a dollar amount equal to either half of the interim tax bill or half of the final tax bill, depending on the due dates, and/or the total of the water/sewer bill. In addition to the regular billing, an additional bill may be issued with a variable amount, including but not limited to, a Final Billing on a Water/Sewer Account and/or a Supplemental Tax Billing. Written notice will be provided as indicated in Section 8 of this Authorization Agreement.
10. I/We acknowledge that the Municipality of Trent Hills' processing financial institution is not required to verify that a Pre-Authorized Payment has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount.
11. I/We acknowledge that the Municipality of Trent Hills' processing financial institution is not required to verify that any purpose of payment for which the Pre-Authorized Payment was issued has been fulfilled by the Municipality of Trent Hills as a condition to honouring the Pre-Authorized Payment Agreement issued or caused to be issued by the Municipality of Trent Hills on my/our account.
12. Revocation of the Authorization does not terminate any contract for goods or services that exists between myself/us and the Municipality of Trent Hills. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
13. **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 debit that is not authorized or is not consistent with this Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.
14. **I/We acknowledge that in order to be reimbursed, a Reimbursement Claim 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 Pre-Authorized Payment in dispute was posted to the account.
15. I/We acknowledge that when disputing any Pre-Authorized Payment beyond the time allowed in this section, it is a matter to be resolved solely between myself/us and the Municipality of Trent Hills, outside the payments system.
16. The Municipality of Trent Hills' processing financial institution will attempt withdrawal on the appropriate date, and if required, a second attempt will follow 5 business days later. If the second attempt is not successful, appropriate service charges and penalty will be applied to the appropriate account (Tax Account or Water & Sewer Account) and disqualification in the Pre-Authorized Payment Program will occur.
17. I/We agree that the information contained in the Authorization may be disclosed to the Municipality of Trent Hills' processing financial institution as required to complete any Pre-Authorized Payment transaction.
18. I/We understand and accept the terms of participating in this Pre-Authorized Program.

Payor Signature

Payor Signature

Date

Date

FOR OFFICE USE ONLY	
DATE RECEIVED	
EFFECTIVE DATE	
EFFECTIVE DATE OF REVOCATION** (SIGNED LETTER ATTACHED)	

Signed Payor Authorization Agreement and Signed Letter of Revocation to be retained for a minimum of 12 months after date of revocation.

****REVISED OCTOBER 14, 2009**