

Ronald J. Emond  
Mayor

Craig Davidson  
CAO/Clerk-Treasurer



#33011 Hwy 62, P.O Box 130  
Maynooth, Ontario, K0L 2S0

Tel: 613-338-2811 or  
Toll Free 877-338-2818  
Fax: 613-338-3292

Email:  
office@hastingshighlands.ca

**CONFIRMATION OF PRE-AUTHORIZED DEBIT(PAD) SIGN UP**

*Please fill in this form and return to the office of the Municipality of Hastings Highlands with a personal cheque unsigned and marked VOID. This cheque will be used for verification purposes.*

PAYOR NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

For the purposes of paying property taxes for ROLL# \_\_\_\_\_

If Additional Roll #'s \_\_\_\_\_

**THIS FORM GIVES AUTHORIZATION FOR**

*The Municipality of Hastings Highlands, #33011 Hwy #62, P.O Box 130, Maynooth, ON, K0L 2S0 to debit Payor Account(Check One) Yes \_\_\_\_\_ No \_\_\_\_\_*

ACCOUNT NAME \_\_\_\_\_

FINANCIAL INSTITUTION (Name & Transit #) \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

**For VARIABLE AMOUNTS PAYABLE THE 23<sup>RD</sup> DAY EACH MONTH**

**( 2 VARIABLE AMOUNTS per year January & July to be calculated by the Municipality for the purpose of the tax account to be at a 0 Balance come December 31 in each given year )**

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Payment Start Date(MONTH/YEAR ONLY)\_\_\_\_\_

Pre-Authorized Debit is for (Check One); PERSONAL\_\_\_\_\_ BUSINESS\_\_\_\_\_ purposes

**PRE-NOTIFICATION TERMS**

**For Variable PADs the Payee has agreed to pay the required amount that is needed for their tax account to be at a Zero Balance at the end of December. The Payee has agreed that we may reduce or waive the pre-notification for variable amount PADs and agree that advance notice is not required prior to the debit being processed. The January Variable is based on 1/2 of the previous years taxes unless there has been tax adjustments during that given year which may alter that calculation to be lessen or more.**

I/WE have read and understood the terms of this authorization and acknowledge receipt of copy thereof. *(Joint Accounts require both signatures)*

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Note:**

The PAD Agreement may be cancelled provided notice is received 15 days prior to the PAD monthly date- and not to exceed thirty (30) days before the next scheduled PAD. A Cancellation Notice is required to be filled out and may be obtained at the Municipal Office. If any of the above details are incorrect, please contact us immediately at the above information. If the details are correct, you do not need to do anything further and your Pre-Authorized Debits will be processed and start on the Payment Date indicated above.

You have certain recourse rights if any debit does not comply with these terms. You have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca) . (Exception; If a Funds Transfer PAD and coded “650” or “83” , CPA Member initiating the Funds Transfer must advise that the Payor will not have recourse within the CPA Rules.

