Payor's Pre Authorized Debit (PAD) Agreement 2021

1. Customer Information (Please print clearly)

Name: _____

Town of Torbay Account Number:

☐ Agreement for ALL properties associated with account

☐ Agreement for specific property – please list:

_____ _____

_____ _____

Phone Number: ( ) - Email: _____

2. Bank Account Information

Deposit Account Number: _____ Branch Transit Number: _____

Financial Institution Number: _____ ☐ Chequing Account ☐ Savings Account

Financial Institution Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize the Town of Torbay to debit the bank account identified above for 1/☐ of the total amount of property taxes owing for the current taxation year beginning on _____. Debits will occur on the ☐ 1ST and/or ☐ 15TH day of **every month or next business day** in the amount of $ _____ .

I understand that if property taxes increase / decrease payments will be changed accordingly.

***This authorization will remain in effect until I notify the Town of Torbay of cancellation in writing*.**

These taxes are for (check one) ☐ Personal ☐ Business Use

You, the Payor, may revoke your authorization at any time in writing subject to providing notice in 14 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca. You have certain rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. Please visit the www.cdnpay.ca for more information.

Signature of Account Holder: Signature of Joint Account Holder (if applicable or required):

_____ _____

Date: _____ Date: _____