



## Pre-Authorized Debit (PAD) Authorization

**This form is to be used for the initial authorization to establish the PAD Option. If you have any questions about the PAD Option, please contact the City Collector, Michelle Walsh (709) 637-1568 or collector@cornerbrook.com**

I/We hereby authorize the City of Corner Brook and the financial institution indicated to release funds for payment of personal property or business taxes in the amount of \$ \_\_\_\_\_ on the  1<sup>st</sup>  15<sup>th</sup> or  Bi-Monthly starting on \_\_\_\_\_ under the terms and conditions as indicated below.

Municipal Address: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Please Provide the Following Banking Information and include a voided cheque or Direct Deposit Form

Bank Account Type:  Chequing  Savings

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

Branch Address \_\_\_\_\_

Bank # (3 Digit Number) \_\_\_\_\_ Branch # (5 Digit Number) \_\_\_\_\_ Account Number \_\_\_\_\_

By signing this Agreement, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions attached, acknowledge understanding the terms and conditions of the Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions attached.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED JOINT SIGNATURE (if applicable)

\_\_\_\_\_  
DATE

In order to reduce paper we will only send a receipt, if requested by you. Please indicate if you wish to receive your receipt:  Yes  No

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#### For Office Use Only

Roll # \_\_\_\_\_

Customer ID # \_\_\_\_\_

[www.cornerbrook.com](http://www.cornerbrook.com)



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### Terms and Conditions

1. This authorization may be cancelled at any time upon notice by me/us. I/We acknowledge that, in order to revoke this authorization, I/We must provide written notice of revocation by filling in the attached cancellation notice and submitting it to the City of Corner Brook at least 10 business days prior to the next scheduled PAD.
2. "I/We acknowledge that provision and delivery of this authorization to the City of Corner Brook constitutes delivery by that bank/financial institution. Any delivery of this authorization to you constitutes delivery by me/us."
3. "I/We acknowledge that this Authorization is provided for the benefit of the City of Corner Brook and any such financial institution is provided in consideration of financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association".
4. "I/We undertake to inform the City of Corner Brook, in writing, of any change in the account information provided in this authorization at least 10 business days prior to the next due date of the PAD".
5. "I/We acknowledge that my financial institution is not required to verify that a PAD has been issued in accordance with the particulars of my/our authorization including, but not limited to, the amount.
6. "I/We acknowledge that my financial institution is not required to verify that any purpose of payment for which the PAD is issued has been fulfilled by the City of Corner Brook as a condition to honouring a PAD issued or caused to be issued by the City of Corner Brook on my/our account".
7. "A PAD may be disputed by me/us under the following conditions:
  - i) the PAD was not drawn in accordance with my/our Authorization; or
  - ii) the authorization was revoked.

I/We acknowledge that interest will be applied on arrears effective January 1 at a rate of .875% per month (10.50% per annum). Interest will be applied retroactive to the invoice date on any current taxes unpaid by the due date.

I/We, in order to be reimbursed, acknowledge that a declaration must be completed and presented to the bank/financial institution holding my/our account up to and including 90 calendar days in the case of a personal household PAD after the date on which the PAD in dispute was posted to my/our account.

I/We acknowledge that a claim on the basis that my/our authorization was revoked, or any other reason, is a matter to be resolved solely between the City of Corner Brook and me/us when disputing any PAD after 90 calendar days in the case of a personal/household PAD.

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

[www.cornerbrook.com](http://www.cornerbrook.com)