



TAX – PRE-AUTHORIZED PAYMENT ENROLMENT FORM

Please return in person, by mail, or fax to the address below.
For further information, visit www.westhants.ca or contact pap@westhants.ca

New Enrolment
 Notice of Change

COMPLETE A SEPARATE FORM FOR EACH ACCOUNT

CUSTOMER INFORMATION			
Last Name:	First Name:	Daytime Phone #:	
Street Address:		Email Address:	
PO Box:	City:	Province:	Postal Code:

BANKING INFORMATION (PLEASE ATTACH A VOID CHEQUE)			
Bank Name:	Account #:	Transit # (5 Digits):	Bank # (3 Digits):

PRE-AUTHORIZED PAYMENT DETAILS
Assessment Account Number: _____ <input type="checkbox"/> The full amount of the tax bill will be debited from your bank account on the 28 th of September <input type="checkbox"/> Monthly withdrawals of \$ _____ to start on the 28 th of _____ (MONTH)

Terms and Conditions

1. This authorization may be cancelled at any time upon written notice by me/us. I/We acknowledge that, in order to revoke this authorization, I/we must provide notice of revocation to the WEST HANTS REGIONAL MUNICIPALITY at least thirty (30) calendar days before the due date of PAP. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAP Agreement at my/our financial institution or by visiting www.payments.ca
2. I/we agree to complete a new application form if there is a change in banking information such as a new account and/or closed account, or if I/we wish to increase or decrease the amount to be debited from my/our bank account at least thirty (30) calendar days before the next scheduled debit.
3. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and the WEST HANTS REGIONAL MUNICIPALITY. My/Our authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
4. 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 PAP that is not authorized or is not consistent with the PAP Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca

***** If your PAP returns non-sufficient funds, or otherwise, applicable fees will be applied to your account. Also, under the Canadian Payment Association regulations two NSF automatic debits and you are removed from the program. *****

I/We authorize the WEST HANTS REGIONAL MUNICIPALITY to debit my/our account as per my/our instructions above. I/We understand that this program will be continued for subsequent years unless the Municipality receives written notifications stating that I/we wish to withdraw from the program. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE

Signature _____ Date _____

Signature _____ Date _____

Personal Business