PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan

Application/Changes/Cancellation for
TAX INSTALLMENT PAYMENTS PLAN SERVICE (TIPPS)

Payor Information *(Please print clearly)*

ROLL NUMBER	CIVIC ADDRESS		BEACH/DIVISION
APPLICANT(S) NAME		HOME/CELL PHONE	BUSINESS PHONE
APPLICANT(S) NAME		HOME/CELL PHONE	BUSINESS PHONE
MAILING ADDRESS			

1. Select one of the following:

☐ **New Application**

Please include:

- Payment frequency
- Blank cheque marked "VOID" with correct mailing address; or
- **PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION** *(Please print clearly)*

Payment Frequency ***(one-time payment requires annual renewal of application)***

◯ **Equal Monthly Payments** ◯ **One-time Payment**

Branch Number	Institution #	Account Number
| | | |	| |	| | | | | | | | | | |
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code

☐ **Change Bank Information**

Fill out the above Banking Information box or include a blank cheque marked "VOID" with correct mailing address.

☐ **Cancel Payment** ***(30 day's notice is required before the next PAD will be issued.)***

The Payor hereby cancels this Payor's PAD Agreement effective: _____

X_____ **X**_____

Payor Signature (To cancel payment only) **Date** **Payor Signature** **Date**

2. If you have any questions, please contact the Payee: District of Lakeland No. 521

Box 27 Christopher Lake, SK S0J 0N0 | Telephone: (306) 982-2010 | Email: office@lakeland521.ca

3. Read the Terms and Conditions on the reverse of this document and sign.

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Terms & Conditions

1. I/We hereby authorize the Payee, in accordance with the terms of my/our account agreement with the Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payor Financial Institution/Banking Information" section on page 1 of this agreement.

2. I/We undertake to inform the Payee, in writing, of any change in the Account Information provided in this agreement prior to the next due date of the PAD.

3. Revocation of this agreement does not terminate any contract for goods or services that exists between me/us and the Payee. This agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

4. This agreement is continuing but may be cancelled at any time upon notice being provided by me/us, in writing or with proper authorization to verify my/our identity within 30 days before the next PAD is to be issued.

5. I/We acknowledge that provision and delivery of this agreement to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of this agreement to the Payee constitutes delivery by the Payor.

6. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this agreement, including, but not limited to, the amount.

7. I/We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.

8. I/We acknowledge that I/we understand that I/we am/are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.

9. I/We acknowledge that the Payee may terminate this agreement upon 30 days written notice.

10. I/We consent to the collection, use, and disclosure of any personal information that may be contained in this agreement to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the CPA Rules.

11. I/We consent that is a payment if returned for insufficient funds, closed account, frozen funds, etc. I/We will be charged a returned item fee. Payments must be repaid within two weeks to remain on the program.

12. I/We understand that if any payments may be missed, the District of Lakeland No. 521 has the option to terminate this agreement and request payment of the total outstanding taxes.

WAIVER OF PRE-NOTIFICATION AND CONFIRMATION

I/We waive all requirements for pre-notification or confirmation under Rule H1 or the CPA Rules or debiting, including without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X_____ **X**_____

Payor Signature **Date** **Payor Signature** **Date**

AUTHORIZATION **(If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)**

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the CPA Rules). By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions on page 2.
I/We warrant and guarantee that the person(s) whose signatures(s) are required to sign on the Account have signed the agreement.

X_____ **X**_____

Payor Signature **Date** **Payor Signature** **Date**