



PROPERTY TAX
Town of Grimsby – Finance Department
 PO Box 159, 160 Livingston Ave., Grimsby ON, L3M 4G3 Phone: 905-945-9634 Fax: 905-945-5010
 Email: Treasury-General@grimsby.ca

**PREAUTHORIZED PAYMENT PLAN
 CHANGE OF BANKING INFORMATION FORM**

M I

CUSTOMER INFORMATION:

Effective Date: _____

Name: _____ **Tax Roll No.:** **2615** _____

Property Address: _____

Mailing Address: _____

Telephone: (H) or (W) _____

NEW BANK ACCOUNT INFORMATION: (A "VOID" CHEQUE MUST BE ATTACHED TO THIS APPLICATION)

Deposit Account Number: _____ **Branch Transit Number:** _____

Financial Institution Number: _____ **Type of Service:** Personal _____ Business _____

Financial Institution: Name _____

Branch Address _____

PREAUTHORIZED DEBIT DETAILS:

I/we the undersigned have read and agree to the terms and conditions below and authorize the Town of Grimsby to debit my/our bank account for regular monthly recurring payments and/or one-time payments from time to time for the payment of property taxes (**not including supplemental billings**) in accordance with the plan chosen below.

[] 10 installments on the 15th day of each month (**January 15th to October 15th**, no payment in November and December (**NO ENROLLMENT AFTER MAY**))

[] 4 installments on the tax due dates established by Town Council (**March, May, August, October**)

Signature: _____ **Signature:** _____
 (Account Holder) (Joint Account Holder)

Name: _____ **Name:** _____
 (Please Print) (Please Print)

Date: _____ **Date:** _____

TERMS AND CONDITIONS

- To participate in the plan, your tax account must be current with no outstanding property taxes.
- I will verify against my bank account to confirm the withdrawals are being made as directed.
- Participation in the plan will automatically cease if two payments (not necessarily consecutive) fail to be honoured by your bank within the preauthorized payment cycle. A service fee of \$25.00 will be charged for each payment returned.
- Any changes to the plan must be received by the Finance Department one week prior to the bill payment date.
- You may terminate participation in the plan at any time by giving notice in writing to the Finance Department one week prior to the next withdrawal. Payments made prior to cancellation are not refunded. 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 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.

**RECEIVED
 (Office Use)**

Entered:

Tax Roll # 2615

Note:

Monthly Amount: \$