For office use only:
Roll Number: _____

Customer I.D.:_____

Property Address:_____

Type of Service: Personal____ Business_____

Office of the Director of Administrative Services
P.O. Box 1539, 500 Dundas Street
Woodstock, ON N4S 0A7
Telephone: (519) 539-1291
Fax: (519) 539-7705

PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT FOR PAYMENT OF PROPERTY TAXES

I/we authorize The Corporation of the City of Woodstock (The City) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our City of Woodstock property tax account(s). Regular monthly payments will be debited to my/our specified account on the 1st working day of each month from January to October each year for monthly payors. Recurring payments will be debited to my/our specified account on the last working day of February, May, August and October each year for due date payors. The City will provide 10 days written notice of the amount of each regular debit. The City will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until The City has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The City may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I /we may contact my/our financial institution or visit www.cdnpay.ca.

_____

Name(s):_____ Residence Phone #: ( )_____

_____ Business Phone #: ( )_____

Mailing Address:_____ E-mail Address: _____

Financial Institution (FI):_____ Branch Address:_____

FI Account Number:_____ FI Transit Number:_____
(branch – 5 digits: FI – 3 digits)

Important: A cheque marked "VOID" must be returned along with the completed application form. The enrolment deadline for each taxation year is DECEMBER 1 OF THE PRECEDING YEAR for monthly plans and DECEMBER 31 for due date plans. Taxes must be current to be eligible for enrolment.

Payment Plan Option:
(Check one only)

A) Ten instalments (Jan.-Oct.) ☐

B) Instalments when due ☐

_____ _____ _____ _____
Signature Date Signature Date
If more than one signature is required for account, both must sign.

FOR OFFICE USE ONLY

Effective Date for Commencement of PAD:_____
Amount of first monthly withdrawal $_____
Application was accepted by:_____
initials