



Pre-Authorized Debit - Taxes
Town of Stony Plain

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administering pre authorized debit. Direct any questions about this collection to: FOIP Coordinator at the Town of Stony Plain 780-963-2151.

I/We authorize the Town of Stony Plain, 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 Town of Stony Plain Tax account(s). Regular monthly payments will be debited to my/our specified account on the 5th or 17th of each month. The Town of Stony Plain will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Town of Stony Plain 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 below. 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 Town of Stony Plain 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

I/We understand that if 2 (two) consecutive payments are not honored; the privilege of this program will be cancelled.

In the event that the withdrawal fails to be honored by the financial institution, the tax account will be charged as if an NSF cheque was drawn, and the normal collection process shall be followed.

I/We authorize the Town of Stony Plain to Debit my/our bank on the 5th _____ or 17th _____ of each month (check one) covering payments due by the undersigned to the Town of Stony Plain for monthly Pre-authorized Installment Payment for taxes in the amount of:

Amount \$ _____ First payment will commence _____

Signature _____ Date _____

Please include a void cheque

PLEASE PRINT

Name(s): _____
Last Name First Name

Town of Stony Plain Tax Roll Number: _____ Type of Service: Personal _____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Res) _____ (Bus) _____ (Cell) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____

(branch -5 digits; FI - 3 digits)

Financial Institution Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Town of Stony Plain
Attention: Tax Department
4905 51 Avenue
Stony Plain AB T7Z 1Y1
Tel: (780) 963-8582
Fax: (780) 963-2197
E-mail: taxes@stonyplain.com