



**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](http://www.westhants.ca) or contact [pap@westhants.ca](mailto: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 <sup>th</sup> of September. <input type="checkbox"/> Monthly withdrawals of \$ _____ to start on the 28 <sup>th</sup> of _____. <div style="text-align: right;">(MONTH)</div>

**Terms and Conditions**

- 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](http://www.payments.ca)
- 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.
- 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.
- 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](http://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