



TOWN OF GANDER

100 Elizabeth Drive, Gander, NL A1V 1G7
Office Hours: 8:30am - 4:30pm Monday to Friday
Tel: (709)651-2931 Fax: (709)256-5809 info@gandercanada.com

Office Use Only

Prepared By: _____ Date: _____
 PAP
 COLL _____
Authorized By: _____

PROPERTY TAX PRE-AUTHORIZED DEBIT AGREEMENT

Applicant Information Section 1

Owner Name: _____ Customer #: _____
Address: _____ Roll #: _____
Telephone: (Home): _____ Cell: _____

Payment Details Section 2

This plan runs from January to December. It consists of 12 equal monthly payments based on the current year's tax levy/and or outstanding taxes.

Balance Owing: _____ Starting Date: January 31st or Other: _____
Monthly Payment Amount: _____ Withdrawal Date: Last day of each month

I understand my monthly payment amount will be 12 equal payments of my next year's tax levy.

PAD TYPE: Residential Tax Non-Residential Property Tax Water/Sewer Tax Business Tax Receivables

Banking Details Please attach a void cheque (unsigned) Section 3

Bank Name: _____ Bank #: _____ Branch #: _____ Bank Account #: _____

Application Declaration Section 4

I/we authorize the Town of Gander and the financial institution designated above to debit my bank on the last day of each month. The monthly PAD amount will be 12 monthly payments based on the current year's tax levy and/or outstanding taxes.

I/we authorize that any outstanding balance on the account as of December 15th will automatically be included in your December withdrawal.

I/we understand that it is the property owner's responsibility to notify the Town of Gander of any change in banking information or ownership changes.

I/we understand that it is the property owner's responsibility to notify the Town of Gander in writing for cancellation of the pre-authorized payment plan. It will remain in effect until written notification is received. This notification must be received at least (10) business days before the next scheduled debit. A pre-authorized debit cancellation form is available at the Town Hall. I/We may also 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.

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 the 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 have read the above information and understand the terms of the payment plan selected.

AUTHORIZED SIGNATURE

DATE: (yyyy/mm/dd)

AUTHORIZED SIGNATURE

DATE: (yyyy/mm/dd)

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.