



The Corporation of the Town of Bracebridge

1000 Taylor Court
Bracebridge, Ontario P1L 1R6

Pre-Authorized Debit (PAD) Agreement

Property Tax Roll #: **4418**

Property Address: _____

I/we authorize the Town of Bracebridge, and the financial institution designated to begin deductions as per my/our instructions for payment of the property listed above according to the following payment frequency (please select one):

☐

10 Month Plan: November 10 - August 10 (with September reconciliation)

☐

Installment Plan: Due Dates Only

Name(s) _____

Address _____

City _____ Province _____ Postal Code _____

Phone # Business: _____ Home: _____

Type of Service: ☐ Personal Account ☐ Business Account

Void Cheque MUST be attached here

This authority is to remain in effect until the Town of Bracebridge has received written notification from me/us of its change or termination. This notification as well as banking information changes must be received by the Taxation Branch at the Town of Bracebridge at least ten (10) business days before the next debit is scheduled.

I/We have certain recourse rights if any debit does not comply with this agreement. 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

Payments returned due to Non-Sufficient Funds or any other reason are subject to a processing fee which will be added to the property tax account in accordance with the Town of Bracebridge Fees and Charges By-law. Two returned payments in a 12 month period will result in termination of rights to be enrolled in the Pre-Authorized Debit Program.

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, 1990, for the purpose of service delivery. Personal information will be used and disclosed only for this purpose. By providing personal information, you consent to its collection, use and disclosure. Contact: Director of Corporate Services/Clerk for the Town of Bracebridge, foi@bracebridge.ca or 705-645-5264 x3200.

For further information regarding our Pre-Authorized Debit Plan, please refer to our website www.bracebridge.ca or call our Taxation Branch at the Municipal Office 705-645-5264 x3322. Return completed form to propertytax@bracebridge.ca or by mail to Town of Bracebridge, 1000 Taylor Court, Bracebridge, ON, P1L 1R6

Signature: _____ Date: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Start Date: _____ Starting Amount: \$ _____