

PROPERTY TAXES Pre-Authorized Payment Authorization Form

Please fill in and return this form to our office with one of your personal cheques unsigned and marked VOID (for verification purposes).

| I/WE | | | |
|--|--------------------------|---|------------------------|
| Name(s) | | | |
| Address | | | |
| City | Province | ePosta | ll Code |
| Property Roll Number AUTHORIZE Village of Merrickville PO Box 340 Merrickville ON K0G TO DEBIT MY/OUF | le-Wolford 1N0 | Phone #_ | |
| Bank Number | Transit Number | Chequing Account Number | |
| 0 | | | |
| Branch Address | se of payment of propert | nancial Institution ty taxes in the amount of \$ month, commencing the mo | |
| ☐ For the purpose on the property | se of payment of propert | ty taxes in the installment an e the last business day of Fel | nount due as indicated |
| I/We have read and un | nderstood the terms of t | his authorization. | |
| Signature | | Date | |
| Signature* | | Date | |

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

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TERMS AND CONDITIONS

I/We will notify the Village of Merrickville-Wolford in writing of any changes in the account information or termination of this authorization at least thirty (20) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or service contracted for/with the Village of Merrickville-Wolford.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Village of Merrickville-Wolford to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits charged to my/our account will be reimbursed if:

- (a) the debit was not drawn in accordance with this authorization;
- (b) this authorization has been terminated; or
- (c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Village of Merrickville-Wolford,

by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/We acknowledge that delivery of this authorization to the Village of Merrickville-Wolford constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.