Town of Portugal Cove – St. Philip's

Portugal Cove St. Philip's

1119 Thorburn Road
Portugal Cove-St. Philip's, NL A1M 1T6
Telephone: (709) 895-8000 Fax: (709) 895-3780
website: www.pcsp.ca e-mail: pcsp@pcsp.ca

Pre-Authorized Payment Agreement

Taxpayer Information:

Name: _____
Municipal Account #: _____
Address: _____
_____
_____
Telephone: _____

Bank Account Information:

Financial Institution: _____

Branch Address: _____

_____	_____	_____
Institution Number	Transit Number	Account Number

Account Type: Savings _____ Chequing _____

Payment Details:

I authorize the Town of Portugal Cove – St. Philip's to debit my bank account for payments as indicated below.

Payment Date: On the ○ 15th of each month (or on the following business day); and/or
○ 30th of each month (or on the following business day)

☐ By checking this box, I authorize the Town to adjust my payments on an equalized payment basis from year to year.

Payment Amount: $_____

I will notify the Town of Portugal Cove – St. Philip's promptly in writing if I close or make other changes to my account.

I may cancel this authorization at any time by providing 30 days written notice to the Town of Portugal Cove – St. Philip's.

In the event that I cancel this agreement, I am aware that I am still responsible for my municipal tax obligations to the Town of Portugal Cove – St. Philip's.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. For more information on my rights regarding pre-authorized debits, I may contact my financial institution or visit www.cdnpay.ca.

Authorized by:

_____	_____
Name of Bank Account Holder (please print)	Name of Joint Bank Account Holder (please print)
_____ _____	_____ _____
Signature Date	Signature Date