



1119 Thorburn Road  
Portugal Cove-St. Philip's, NL A1M 1T6  
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website: [www.pcsp.ca](http://www.pcsp.ca) e-mail: [pcsp@pcsp.ca](mailto:pcsp@pcsp.ca)

**Pre-Authorized Payment Agreement**

**Taxpayer Information:**

Name: \_\_\_\_\_  
Municipal Account: \_\_\_\_\_  
Address: \_\_\_\_\_  
Municipality, Province: \_\_\_\_\_  
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 following day(s) of each month (or on the following business day):  
 15<sup>th</sup>  
 30<sup>th</sup>

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](http://www.cdnpay.ca).

**Authorized by:**

\_\_\_\_\_  
Name of Bank Account Holder (please print)

\_\_\_\_\_  
Name of Joint Bank Account Holder (please print)

\_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Signature      Date