

**Town of Grimshaw Pre-Authorized Tax Debit Payment Agreement**

**Box 377**

**Grimshaw, AB T0H 1W0**

**Tel: 780-332-4626**

**Fax 780-332-1250**

**1. Customer Information (please print clearly)**

Tax Roll Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**2. Bank Account Information**

Account Number

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Financial Institution Number

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Branch Transit Number

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Chequing Account \_\_\_\_\_ Savings Account \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_

**3. Pre-Authorized Debit (PAD) Details**

Date of Payment: 1<sup>ST</sup> \_\_\_\_\_ OR \_\_\_\_\_ 15<sup>TH</sup> of each month.

I/We authorize the Town of Grimshaw to debit the bank account identified above to withdraw the payments of \$ \_\_\_\_\_ as described above directly from my account until further notice.

These services are for (check one) personal \_\_\_\_\_ business use \_\_\_\_\_

You may revoke your authorization at any time, subject to providing notice of 5 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institute or visit [www.cdnpay.ca](http://www.cdnpay.ca)

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pad Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).