

Pre-Authorized Debit (PAD) Plan Agreement

Plan Information

The City of Pembroke offers a "Pre-authorized Debit Payment Plan" for the payment of realty taxes and/or flat rate water/sewer charges. In order to enroll in the Pre-Authorized Payment Plan, any arrears must be paid in full prior to application. This agreement must be completed in full and returned to City Hall along with a "VOID" cheque.

Property Tax Plan: Commences in January of each year, with twelve (12) equalized payments based on an estimate of the current year's levy and adjusted when the taxes are levied, in accordance with Schedule "A" to By-law 2007-68.

Water/Sewer Plan: Commences in January of each year, with twelve (12) equalized payments based on an estimate of the current year's billing and adjusted in the event of a rate change, in accordance with Schedule "A" to By-law 2007-68.

Payments are withdrawn on the 15th day of each month or the next business day should be 15th fall on a weekend or holiday. The City of Pembroke reserves the right to remove the account from the plan if payments are in default.

Customer Information			_
Which plan(s) do you wish to part These accounts are for: Perso	•	Tax □ Business □	Water/Sewer □
Name(s):			
Property Address:			
Roll Number:	4764 000		
Water/Sewer Account No:			
Home Telephone:			
Work/Cell:			
Email:			
Bank Account Information Plea	se Enclose a (Cheque Marked VOID	_
Bank Name:			
Institution Number:			
Transit Number:			
Account Number:			
I/We hereby authorize the City of Pembroke to debit my/o form from the Banking Institution named above. I/We here Schedule "A" to By-law 2007-68 as amended. I/We will in below. This authorization may be cancelled at any time u recourse rights if any debit does not comply with this agreauthorized or is not consistent with this PAD Agreement. institution or visit Payments Canada (www.payments.ca) Date:	reby authorize the C nform the City of Pe pon thirty (30) days eement. For examp	city of Pembroke to increase/dec mbroke in writing of any change written notice by me/us to the Ci le, I/we have the right to receive	rease the amount in accordance with in the account information provided ity of Pembroke. I/we have certain reimbursement for any debit that is not
Name (Please Print):		Signature:	
Name (Please Print):		Signature:	
Accepted By:		Date:	

All enquiries should be directed to: City of Pembroke, 1 Pembroke Street East, Pembroke, ON. K8A 3J5
Tel.: 613-735-6821 ext. 1323
Fax: 613-735-3660 Email: ebilling@pembroke.ca