



MUNICIPAL DISTRICT OF GREENVIEW No. 16

Monthly Tax Payment Plan Agreement

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below

I/We authorize the MD of Greenview, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments of all charges arising under my/our MD of Greenview tax account(s). Regular monthly payments for taxes will be debited to my/our specified account on the last business day of each month.

The MD of Greenview will provide written notice of the amount of each regular debit at least 10 days before the payment is due and at least 10 days before the payment amount is changed. The MD of Greenview will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until the MD of Greenview has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

The MD of Greenview may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

PLEASE PRINT

DATE: _____

Name(s): _____
(If more than one Tax Roll, please fill out Schedule A)

Tax Roll: _____

Contact Name: _____
(If different from above)

Type of Service: Personal Business

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res./Cell) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(branch -5 digits; FI - 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

MD of Greenview
Attention: Taxation Department
PO Box 1079, 4806 - 36 Avenue
Valleyview, AB, T0H 3N0
Tel: (780) 524-7600

E-mail: taxationdepartment@mdgreenview.ab.ca

If you have any questions or concerns, please contact the Taxation Department. Completion of ALL Fields is Mandatory. Incomplete forms will not be processed.

Any personal information that the Municipal District of Greenview may collect on this form is in compliance with Section 33 of the Freedom of Information and Protection of Privacy Act. The information collected is required for the purpose of carrying out an operating program or activity of the Municipality, in particular for the purpose of the (Monthly Tax Payment Plan). If you have any questions about the collection please contact the Freedom of Information and Protection of Privacy Coordinator at 780.524.7600.

FIRST LASTNAME 000
 1234 AVENUE ST
 CITY, PROV 212 121
 Tel: (416) 555-6999

PAY TO THE ORDER OF _____ \$
 _____ / 100 DOLLARS

IN Institution Name
 Institution Full Name
 Internet: www.institution.com
 2345 Street Ave.
 City, Prov 212 121

MICR: _____

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