Automatic Withdrawal Application Form

Customer Information

Assessment Account Number:	
Name (as it appears on your bill):	
Mailing Address (include civic number):	
Phone Number:	
Email:	

Banking Information (please attach copy of void cheque)

These services are for:	☐ Personal ☐ Business
Name of Financial Information:	
Address of Financial Institution:	
Institution Number:	
Transit Number:	
Account Number:	

Pre-Authorized Payment Plan Details

I,_____, authorize the Municipality of the District of St. Mary's to debit my bank account on the fifteenth
NAME

business day of each month in the amount of $_____ starting on _____ to and including _____.
DATE *DATE*

* *Please be sure to attach a copy of a VOID cheque with this application form.*

Recourse Rights

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 Pre-Authorized Payment that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca

Returned Debit From Bank (Example: Non-Sufficient Funds (NSF)

If your pre-authorized payments are returned by the financial institution your account is subject to service charges as established by **The Municipality of the District of St. Mary's.** One returned debit will result in removal from the Pre-Authorized Payment Program.

I/We hereby authorize the Municipality of the District of St. Mary's and the financial institution indicated above to release funds for payment under the terms and conditions of this enrollment form.

Account Holder

Signature:	
Name (please print):	
Date	

Joint Account Holder

Signature:	
Name (please print):	
Date:	

In Accordance with Section 485 of the Municipal Government Act, the personal information collected on this form will only be used by the Municipality of the District of St. Mary's for purposes relating to payment of taxbills.