

**PRE-AUTHORIZED PAYMENT FORM**

**Utility Pre-Authorized Payment.** Quarterly Utility Billing for Water, Sewer and / or Garbage and Recycling Fees. The full amount of the utility invoice will be withdrawn on the due date.

**Property Taxes.** Equal Payment Plan withdrawn on the 15<sup>th</sup> of each month (except for June)  
*Tax payer must indicate preferred Pre-authorized payment amount to be withdrawn.*

**TAXPAYER / CUSTOMER INFORMATION**

<b>Roll / Account Number</b>		<b>Start Date for Pre-Authorized Payment</b>
<b>Name and Address</b>		<b>Amount of Payment</b>
		\$
<b>PHONE NUMBER</b>		<b>EMAIL</b>
<b>Cancel Pre-Authorized Payment – Taxes</b>	<b>Date</b>	<b>Signature</b>
<b>Cancel Pre-Authorized Payment - Utilities</b>	<b>Date</b>	<b>Signature</b>

**BANK INFORMATION**

**VOID CHEQUE ATTACHED**

<b>Name of Financial Institution</b>	<b>Address</b>	
<b>Bank Code</b>	<b>Branch Code</b>	<b>Account Number</b>
<b>Signature of Account Holder(s)</b>		<b>Date</b>

I / We hereby authorize the Corporation of the District of Peachland to withdraw payments from my / our account. Payments may be accepted from persons other than the assessed owner. This authorization may be cancelled at any time upon (10) days written notice by me / us. If you do not have a chequing account, please have the above noted information completed by your financial institution.

**YOU MUST CANCEL YOUR PRE AUTHORIZATION PAYMENTS DIRECTLY WITH THE DISTRICT OF PEACHLAND IF YOU SELL YOUR HOME.**

\_\_\_\_\_  
 Registered Owner's Signature

\_\_\_\_\_  
 Registered Owner's Signature (if applicable)

\_\_\_\_\_  
 Date By signing above I hereby acknowledge having read and agreed to terms & conditions stated on front / back of Pre Authorized Payment Form

Personal information collected on this form is collected for administration purposes. The personal information is collected under the authority of the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use or disclosure of your personal information, please contact the Director of Corporate Services 250.767.2647

## PRE AUTHORIZED PAYMENT APPLICATION FORM

Never miss a due date again! This form may be used to authorize the automatic bank withdrawal for amounts billed to you for Water, Garbage, Recycling and/or Taxes. Payments will be withdrawn on the invoice due date.

1. I/We authorize the District of Peachland and my/our noted Canadian bank/financial institution to withdraw from my/our account indicated in this form to cover payment in full for Water/Garbage/Recycling and/or Taxes, billed to me from time to time and/or outstanding at the time of any billing – hereafter identified as PAP (Pre-Authorized Payment)
2. I/We acknowledge that it is my/our sole responsibility to notify of any changes to my/our financial account or mailing address.
3. PAP Agreements may only be changed or terminated in writing under signature of the original applicant. Signed, faxed change/termination requests are acceptable for this purpose. Original applicant is responsible to amend monthly / yearly payment amounts.
4. The District of Peachland may terminate this agreement(s) at any time upon written notice (including email notice where applicable). Upon termination, notification of billed changes will be by regular mail. I/We will make payments for billed amounts using methods that may be in effect at that time.
5. **Completed Pre Authorized Payment Application Form must be received by District of Peachland at least ten (10) calendar days before the Payment Date. I/We recognize and agree that delivery of the Notice of Payment cannot be guaranteed and that delivery is made on a best efforts basis following the normal processing and mailing procedures. Failure to deliver a Notice of Payment does not relieve me/us of our obligation to pay the amount owing under this agreement.**
6. I/We acknowledge that the processing Institution is not required to verify that a PAP has been issued in accordance with this Authorization, or that any purpose for which the PAP was issued has been fulfilled as a condition to honoring a PAP issued by the District of Peachland on my/our account.
7. I/We may dispute a PAP withdrawal only under the following conditions:
  - a. I/We never provided authorization to the District of Peachland
  - b. The PAP withdrawal was not drawn in accordance with my/our authorization
  - c. My/our authorization was revoked.
8. I/We acknowledge that in order to be reimbursed, a declaration to the effect that either a), b) or c) took place must be completed and presented to the branch of the Processing Institution holding the account up to and including ninety (90) calendar days after the date on which the PAP in dispute was posted to the account.
9. I/We acknowledge that when disputing any PAP beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the District of Peachland outside the payment system.