

THE CORPORATION OF THE TOWN OF AYLMER

AUTHORIZATION FOR BUSINESS PRE-AUTHORIZED DEBIT PLAN FOR TAXES

(Authorization of the Payor to the Payee to Direct Debit an Account)

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account on the date indicated on your tax bill.
2. Please sign the Terms and Conditions on the reverse of this document and return the completed document with a blank cheque marked "VOID" to the Tax Office (519) 773-4919

Payor Information *(Please type or print clearly)*

Payor Name(s):	Telephone #:
Address:	
City/Province:	Postal Code:
Name(s) of Authorized Signing Officer(s):	
Signature(s) of Authorized Signing Officer(s):	Date:

Payor Financial Institution/Banking Information - or attach a void cheque

Branch #	Institution #	Account #
Name of Financial Institution/Bank:		
Branch:		
Branch Address:		
City/Province:	Postal Code:	

Roll # _____

Please indicate the start date and choose one option below:

Preferred Plan (please choose one) Installment Monthly Budget

Month to Start PAP _____ Budget Amount to be Deducted Monthly \$ _____
(Budget Plan only)

Installment - Payments are deducted from your bank account on the due date listed on your tax bill.

Monthly - This is a 10 month plan running from January 1st to October 1st each year. Payments for January to August are estimated based on the previous years taxes, with the remaining 2 payments being adjusted for any difference in the actual taxes for the current year.

Budget - This plan is for property owners with tax accounts in arrears that would like the convenience of a direct debit option for payment. Your bank account will be debited each month, based on a specified amount by you. The amount will be debited on the first of each month from January to December. Your account will continue to be charged interest at a rate of 1.25% per month on any outstanding tax amounts.

Please read and sign back.

Authorization for Business Pre-Authorized Debit Plan Terms & Conditions

1. In this Authorization, "we", "us" and "our" refers to the Payor indicated on the reverse hereof.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "Business PAD"), on our account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on me as if signed by us and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfilment of any purpose of any Business PAD.
5. We agree that delivery of this Authorization to the payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
6. (a) We understand that with respect to:
 - (i) Variable amount Business PAD's, we shall receive written notice from the payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date.
 - (ii) A Business PAD Plan that provides for the issuance of a Business PAD in response to our direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Business PAD in full or partial payment of a billing received by us, the ten (10) day pre-notification is waived.
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
 - (a) the Business PAD was not drawn in accordance with this Authorization;
 - (b) This authorization was revoked;
 - (c) Any Pre-notification required by section 6 was not received by us;We acknowledge that in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Business PAD was posted to the Account. we acknowledge that, after this ninety (90) day period, we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such disputed Business PAD.
8. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in this authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. We understand and agree to the foregoing terms and conditions.
11. We agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

_____	Per: _____	_____
Name of Payor	Signature of Authorized Signing Officer	Date
	Per: _____	_____
	Signature of Authorized Signing Officer	Date

Please complete sections on the other side of this page.