



PO Box 280
 Labrador City, NL A2V 2K5
 (709) 944-2621

MUNICIPAL TAX PRE-AUTHORIZED DEBIT AGREEMENT

Applicant Information

Roll # (12 Digits)		Customer ID (4 letters, 4 numbers):	
Property Address:			
Name:		Email:	
Mailing Address:			
Telephone #:		(H)	(C)

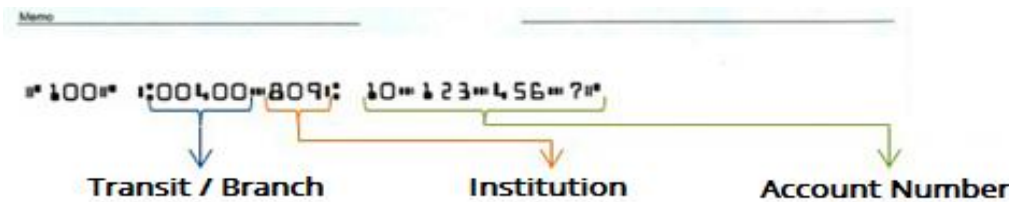
Payment Details

Please choose one of the following payment plans (invoices are issued on March 1st each year)

<input type="checkbox"/> Pay account balance in equal monthly payments ending in February of the following year
<input type="checkbox"/> Make equal monthly payments in an amount of your choosing. Amount \$ _____

Banking Information

* Please include a void cheque or account information from your bank with your application



Bank Name:		
Transit # / Branch:	Institution #:	Account #:
Branch Address:		
Province:	Postal Code:	
Authorized Signature		Date:
Authorized Signature		Date:

* Please note all signing authorities on this account are required to sign form



Important Information


- PAD payments are only available for payment of property tax, business tax and/or general invoices.
- Payments will be deducted on the 25th of each month. If the 25th falls on a weekend, the deduction will move to the Friday prior.
- Forms received within 10 business days of the next withdrawal date may not take effect until the following month.
- Line of credit accounts and credit card cheques cannot be used for pre-authorized payments.
- You will receive an email 10 days prior to the first deduction indicating the monthly amount of your payments. It is assumed that you have received this notification on the day it was emailed.
- Interest will continue to be applied while you are on a PAD plan. If you are on a 12 month plan, there will be an adjustment to your monthly PAD amount in August to include any accumulated interest and any remaining interest will be added to your 12th payment in February.
- You must complete, sign, and return this form to register. Incomplete forms will be returned.
- It is the resident's responsibility to notify the Town of any changes to their bank account, mailing address or email address.
- For assistance, please call 944-2630 or email taxation2@labradorcity.ca

Applicant Declaration

I/We authorize the Town of Labrador City and the financial institution designated to begin deduction as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Labrador City account.

This authority will remain in effect until the Town of Labrador City has received written notification from me/us of its change or termination. This notification must be received at least 10 business days before the next debit is scheduled. I/we may obtain a sample cancellation form or more information on my/our right to cancel this PAD agreement at my/our financial institution or by visiting www.payments.ca.

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.

 _____ Signature of Applicant	 _____ Signature of Applicant (if required)	_____ Date (mm-dd-yyyy)
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Submit Applications and Documents

Mail:
Town of Labrador City
PO Box 280
Labrador City, NL
A2V 2K5

In Person:
317 Hudson Drive
Labrador City, NL

Email:
taxation2@labradorcity.ca