



PREAUTHORIZED PAYMENT (PAP) FORM WITH AUTOMATIC ANNUAL RENEWAL

(Please complete one form per property)

PROPERTY ROLL NUMBER: _____
ADDRESS OF PROPERTY: _____

ACCOUNT HOLDER

Last name, first name of account holder(s) _____

Complete home address (civic number, street, apartment, city or town, and postal code) _____

Home phone _____ Other phone _____ Email _____

I acknowledge that this authorization is given to Municipalité de La Pêche and my financial institution in consideration of the agreement by my financial institution to abide by the rules of the Canadian Payments Association in withdrawing funds from my account.

FINANCIAL INSTITUTION

Name of financial institution _____

<p>N° de succursale N° de l'institution financière N° de compte</p>	Transit Number	Bank Code	Account number
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Preauthorized Payment (PAP) Personal Business

TERMS AND CONDITIONS

I acknowledge that a \$25 fee will be added to the amount due in the event that a preauthorized payment to Municipalité de La Pêche is declined by my financial institution. Municipalité de La Pêche also reserves the right to cancel my enrolment in preauthorized payments if two consecutive payments are declined for any reason whatsoever.

CONSENT TO INFORMATION SHARING

I consent to the information in this application being shared with my financial institution inasmuch as doing so is directly related to and necessary in properly applying the rules governing preauthorized payment.

AUTHORIZATION TO WITHDRAW ANNUAL AND SUPPLEMENTARY TAXES

I authorize Municipalité de La Pêche to make recurring withdrawals as specified in this form from the bank account given above.

The amount of each payment stub will be paid out of my account on the date given in my annual and supplementary tax accounts.

I understand and accept this automatic withdrawal plan, and I want to enrol in it.

I acknowledge that submitting this authorization to Municipalité de La Pêche constitutes submitting it to the financial institution given above as well.

CHANGE OR CANCELLATION

I agree to notify Municipalité de La Pêche in writing of any change hereto. I may revoke my authorization at any time on **15 business days' notice**. Cancellation forms are available on request from Municipalité de La Pêche or on the La Pêche website, www.villelapeche.qc.ca. Click the Municipal Services tab and see the Finances and Taxation page under the heading "Payment."

I can learn more about my right to cancel this preauthorized payment agreement either from Municipalité de La Pêche or by visiting the Payments Canada website at www.cdnpay.ca under "About Us," "Our Systems and Rules," "Retail System," and "Rules and Standards."

I release my financial institution of all liability if the revocation does not occur except in the case of serious negligence on its part.

I acknowledge that the financial institution where I have my account is not responsible for verifying that payments have been made as I have authorized.

RECOURSE AND TERMS OF REIMBURSEMENT

I have certain rights and recourse in the event of a withdrawal that violates the terms of this agreement. For example, I have the right to be reimbursed for any PAPs that are unauthorized or fail to meet the terms and conditions of this agreement. I can learn more about my rights and recourse from my financial institution or at www.payments.ca.

My financial institution will reimburse on the Municipality's behalf any amounts withdrawn in error if application for reimbursement is made within 90 calendar days in the case of a personal PAP or 10 business days in the case of a corporate PAP, if a valid reason is provided.

I understand that reimbursement requests are to be made to my financial institution in accordance with the procedure I will be given by my financial institution.

I agree to treat any application for reimbursement after the period indicated above as a matter to be resolved by me and the Municipality, without the involvement of my financial institution.

MAIL OR BRING IN TO THE MUNICIPAL OFFICE

Make sure to include

- * This **duly signed form**
- * A **blank cheque** marked "VOID"

SIGNATURE OF ACCOUNT HOLDER OR HOLDERS

Signature of account holder _____ Date (YYYY-MM-DD) _____

Signature of joint account holder _____ Date (YYYY-MM-DD) _____
(If two signatures are required)

For official use only	
Date of receipt of application: _____	Processed by: _____