



## Pre-Authorized Automatic Debit Payments for Municipal Taxes

**Please return completed form and a copy of your banking information by email to [taxes@paradise.ca](mailto:taxes@paradise.ca)**

<b>Property Information *Required</b>	
Parcel ID:	Civic Address:
<b>Applicant Information *Required</b>	
Owner Name:	
Mailing Address:	
Telephone Number:	Email Address:
<b>Payment Information *Required</b>	
Total Tax Bill:	Monthly Withdrawal: <small>(total taxes divided by 10)</small>
<p><b>A copy of a void cheque or official banking information from your financial institution must be submitted with this form. Information provided by your financial institution must include the name of the institution, transit number, and account number.</b></p> <p>Withdrawals will occur from March to December on the 15<sup>th</sup> of each month or on next business day. Insufficient monthly withdrawal amounts will result in non-sufficient fund (NSF) fees and monthly amounts will be adjusted accordingly to ensure tax balances are paid in full prior to the end of the year.</p> <p><b>If there is more than one NSF payment, account holders will be removed from the pre-authorized payment plan, interest will be charged, and other arrangements must be made to pay remaining tax balances and all future taxes.</b></p>	
<b>Applicant Declaration</b>	
<p>I / we authorize the Town of Paradise to debit the attached bank account for payment of municipal taxes, and have read and agree to the following terms:</p> <ul style="list-style-type: none"> <li>• As taxes change, the pre-authorized payment will change accordingly.</li> <li>• I / we will promptly notify the Town in writing if the attached banking information changes.</li> <li>• I / we will notify the Town in writing of ownership changes.</li> <li>• I / we understand that this authorization will remain in effect until I notify the Town of cancellation in writing.</li> </ul> <p>Please note that each depositor must sign below if more than one signature is required on the account.</p>	
Signature of Applicant: <b>*Required</b>	Date: <b>*Required</b>
Signature 2 (if joint account):	Date:

**Privacy Notice:** The personal information provided in this form is collected under the authority of Section 61(c) of the Access to Information and Protection of Privacy Act, 2015, only for its designated purpose. Information is administered under the Access to Information and Protection of Privacy Act, 2015. If you have any questions about the collection, use and disclosure of your personal information, please contact the Town at 709-782-1400.

Office use only	Posted by:	Date:
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