

1. Customer Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

Assessment Account Number

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2. Bank Account Information

Deposit Account No **Transit No**

Financial Institution No **Chequing Account** **Savings Account**

Financial Institution: Name _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

Payments are withdrawn on the final day of the month, or first business day of the preceding month, if the final day is a weekend or holiday. You, the Payor, authorize the Village of New Minas to debit the account identified above for:

Full amount – the full amount of the tax billing in July will be debited from your bank account on August 1st.

These services are for (check one) Personal Business Use

You, the Payor, may revoke your authorization at any time in writing or by phone, subject to providing notice of at least fifteen (15) days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.paments.ca.

Signature of Account Holder: _____

Signature of Joint Account Holder (If applicable): _____

Name (Please Print): _____

Name (Please Print): _____

Date: _____

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When complete, please mail, fax or email this form to:

VILLAGE OF NEW MINAS
9489 COMMERCIAL STREET
NEW MINAS, NS B4N 3G3
Phone: 902-681-6972, Fax: 902-681-0779
Email: shellyp@newminas.com

Please attach a copy of a VOID Cheque.