



Town of Two Hills

4712 - 50 Street
P.O. Box 630
Two Hills, AB, T0B 4K0

Tel: (780) 657-3395
Fax: (780) 657-2158
email: info@townoftwohills.com

Property Tax Pre-Authorized Debit Agreement

I/we authorize the Town of Two Hills and the financial institution designated to begin deductions 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 Two Hills Property Tax Account(s).

Regular monthly payments in the amount \$_____ will be debited to my/our specified account on the **15th** or **30th** of each month. (Please circle the day that is preferred)

The Town of Two Hills will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until the Town of Two Hills has received written notification from me/us of its change or termination. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a Pre-authorized Debit (PAD) Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Town of Two Hills may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 Pre-authorized Debit (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.cdnpay.ca.

PLEASE PRINT

ROLL #: _____ **DATE:** _____

NAME(S): _____

ADDRESS: _____

PHONE NUMBERS: _____ **or** _____

BUSINESS _____ **PERSONAL** _____

FINANCIAL INSTITUTION (FI): _____

ACCOUNT #: _____ **5 DIGIT BRANCH #:** _____ **3 DIGIT TRANSIT #** _____

FI ADDRESS: _____

AUTHORIZED SIGNATURE (S): _____
