



PRE-AUTHORIZED DEBIT AGREEMENT – MUNICIPAL ACCOMMODATION TAX

CURRENT CUSTOMER INFORMATION (Please print clearly)

Applicant: _____
Telephone number: _____ Street Address: _____
City: _____ Postal Code: _____
E-mail address: _____
Customer No. _____

Is this is an update to an existing pre-authorized debit agreement (change of payment details or bank information)?
 YES NO

BANK ACCOUNT INFORMATION

Account Number

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 Bank Transit Number

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Financial Institution Number

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Financial Institution Name _____
Branch Address _____

Please attach a VOID CHEQUE HERE or a Pre-Authorized Transaction Form **completed by your Financial Institution.**

This service is for business use.

PRE-AUTHORIZED PAYMENT DETAILS

I authorize the City of Greater Sudbury to debit the bank account identified above for the amount owing outlined in the Municipal Accommodation Tax By-law.

The payment will be withdrawn from my bank account on the 15th of the month.

This authorization is to remain in effect until such time as I revoke my authorization in writing subject to providing up to 30 days notice to the City of Greater Sudbury.

PRE-AUTHORIZED DEBIT (PAD) DETAILS

- Any delivery of this authorization to the City of Greater Sudbury constitutes delivery by the customer to the bank. It is warranted by the customer that all persons whose signatures are required to sign on the account have signed this authorization. The customer acknowledges receipt of a signed copy of this authorization.
- I agree to notify the Accounts Receivable Department before the 15th of the month should my Bank Account information change by phone or mail to the address and number listed below.
- An Administrative fee will be applied to your account for payments not cleared by your financial institution and penalty charges will apply. Failure to abide by the terms of the repayment plan may result in the transfer to the collection agency.
- I am aware that my bank account will continue to be debited as outlined above until I give written notice to cancel and that I may revoke my pre-authorized payment agreement by submitting a written notice to Accounts Receivable, P.O Box 5000 STN A, Sudbury ON, P3A 5P3 by the 15th of the month.
- I acknowledge that I have read and agree to the terms and conditions

Rights of Dispute

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 agreement.

In order to be reimbursed, the customer must complete a Declaration Form at their bank branch within 90 calendar days of the withdrawal for a Personal PAD and within 10 business days for a Business PAD..

The customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the City of Greater Sudbury and the customer. To obtain more information on your recourse rights, contact your financial institution or visit cdnpay.ca.

Signature of Customer/Primary Account Holder:

Signature of Joint Account Holder (if applicable):

X

X

Name:

Name:

(PLEASE PRINT)

(PLEASE PRINT)

Date:

Date:

It is warranted by the customer that all persons whose signatures are required to sign on the account have signed this authorization. Please ensure you have attached with this application a voided blank cheque to ensure accuracy of banking information.

Questions regarding this pre authorized program may be directed to the Accounts Receivable at 705-674-4455 ext 2430.

This information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. It will be used for the administration of the Pre-Authorized Payment Program. If you have any questions about the collection, use or disclosure of personal information by this program, contact Accounts Receivable at 705-674-4455 ext 2430.