



2716 – 1st Avenue, Edson, Alberta T7E 1N9

Taxation Pre-Authorized Payment Form (PAD)

Customer(s) Name(s):

Address:

City: Province: Postal Code:

Area Code and Telephone Number:

Name of Financial Institution: (the "Bank")

Branch Address:

City: Province:

SHADED AREA FOR OFFICE USE ONLY

Tax Roll Number(s): Address ID:
 (Please refer to the Installment Plan authorization)

Bank Number: Transit Number:

Account Number:

I/We, the above named Customer(s) authorize Yellowhead County to debit my/our bank account as indicated above for Property Tax Installment Payments as regular recurring payments on the 16th day of each month. The monthly payment amount to be triggered by the annual tax levy. Yellowhead County will obtain my/our authorization for any other one-time or sporadic debits.

I/We will notify Yellowhead County promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

This authority is to remain in effect until Yellowhead County has received written notification from me/us of it's change or termination. This authorization may be cancelled at any time upon ten (10) days written notice to Yellowhead County. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this authorization.

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 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 your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

This authorization is signed with the understanding that failure to provide sufficient funds may result in additional charges that will be the responsibility of the account holder. Failure to provide sufficient funds will cause this agreement to be null & void.

PLEASE INCLUDE A PERSONAL CHEQUE MARKED "VOID" AND SUBMIT TO YELLOWHEAD COUNTY

Date:

Date:

Customer's Signature:

Customer's Signature:



2716 – 1st Avenue, Edson, Alberta T7E 1N9

Taxation Installment Plan Authorization

Customer(s) Name(s):

Address:

City:

Province:

Postal Code:

Area Code and Telephone Number:

SHADED AREA FOR OFFICE USE ONLY

Tax Roll Number(s):

Address ID:

I/We, the above named Customer(s) authorize Yellowhead County to process automatic monthly payments through our bank or financial institution on the 16th day of each month for the Tax Account(s) specified above. I/We understand that the completion of the Pre-Authorization Payment Form (PAD) must also accompany this authorization.

Yellowhead County will obtain my/our authorization for any other one-time or sporadic debits.

The initial signed authorization's are all that is required for a series of payments to be made automatically through your bank or financial institution.

I/We understand that Pre-Authorized Payments are fixed amounts that are set 30 days prior to implementation. The changes in the fixed amount will only occur twice a year if there are no unusual circumstances that arise. "December" withdrawal is the fixed amount for 6 months based on the prior year levy. "June" withdrawal is the balance payable for 6 months based on the new levy less the any installment payments received to date.

Date:

Customer's Signature:

Date:

Customer's Signature:

If a payment processed against the account(s) is not in accordance with this authorization, please contact Yellowhead County immediately at 780-723-4800 or 1-800-665-6030.