

**Town of Essex
Pre-Authorized Debit (PAD) Agreement
For Property Taxes
Enrollment Form**

1. Ratepayer Information (please print clearly)

Name: _____

Roll Number:

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|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| 3 | 7 | 5 | 4 | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Deposit Account Number:

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Branch Transit Number:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Financial Institution Number:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 Chequing Account Savings Account

Financial Institution: Name: _____

Branch Address: _____

My personal cheque, marked "VOID", is attached for purposes of identifying my banking information as indicated above.

3. Pre-Authorized Debit (PAD) Details

You the Payor authorizes the Town of Essex to debit the bank account identified above in the manner as indicated below.

These services are for one (check one) _____ personal _____ business use

Choose one of the following convenient payment plans.

Please indicate your preference for "Installation Payments" (four payments per year) or "Monthly Payments" (12 payments per year) with an "x" in the appropriate box below:

- Monthly Pre-Authorized Payment Plan** \$ _____
Payments are debited to your account on or about the last day of each month and are calculated using an average of your estimated annual property taxes. *Your final payment in December may vary from the amount indicated above as it will reflect any increases or decreases in your total tax amount for the year. It is your responsibility to review your final tax bill balance to ensure that the above monthly payment will cover your taxes for the year.*

- Installment Pre-Authorized Payment Plan**
Payments are debited to your account on the installment due dates indicated on your interim and final tax billings (typically the last working day in February, April, July and October).
Note: Any payments returned for insufficient funds will be subject to a charge of \$25.00

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. It is the responsibility of the payor to disclose and obtain the signature of a joint account holder where two signatures are required.

Signature of Account Holder

Signature of Joint Account Holder (if required)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. Doing so does not affect any ongoing financial obligation to the payor. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [Canadian Payments](#)

When the form is complete, mail or fax to: The Corporation of the Town of Essex
33 Talbot Street South
Essex, Ontario N8M1A8
Tel: 519-776-7336 Fax: 519-776-8811
email: dbeneteau@essex.ca