



Accounts Receivable Pre-Authorized Debit Agreement Application

Taxation and Revenue Department
City of Kawartha Lakes
P.O. Box 696, 26 Francis Street
Lindsay, Ontario K9V 4W9
Tel: (705) 324-9411 Ext. 1222, 1-888-822-2225
Fax: (705) 328-2620
Email: taxes@kawarthalakes.ca
www.kawarthalakes.ca

Accounts Receivable Customer Number

I/we authorize City of Kawartha Lakes, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for payment of the accounts receivable invoices.

The City of Kawartha Lakes will provide written notice in the form of an invoice and the amount due on the account will be debited from my/our specified account on the last day of the month. Pre-Authorized Debits will occur as invoices are issued and due, which may be sporadically. By signing this agreement, I/We understand that no further notice will be provided for sporadic payments.

This authority is to remain in effect until City of Kawartha Lakes has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. 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.

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 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

*** Payments returned due to Funds Not Cleared or Non Sufficient Funds are subject to a processing fee as approved by Council. These fees will be added to the account and will be submitted for payment at the end of the following month. Two returned payments in a calendar year will result in termination of rights to be enrolled in the Pre-Authorized Debit Program**

Please turn over for application form

Please Print

Date (mm/dd/yyyy)

Customer Number *

Customer Name *

Type of Service *

Personal

Business

Name(s) *

Address *

City *

Province *

Postal Code *

Phone Number (Bus.)

Phone Number (Res.)

Financial Institution Name *

Financial Institution Account Number *

Financial Institution Transit Number (Branch - 5 digits - Financial Institution - 3 digits) *

Financial Institution Address *

City/Town *

Province *

Postal Code *

Authorized Signature(s) *

Where your account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this PAD Agreement.

Attach Void Cheque

OFFICE USE ONLY:

Received: _____ **Entered by:** _____

Plan Option: _____ **Starting Amount:** _____

Start Date: _____ **Copy of Agreement Sent:** _____

Authorized Signature:

Personal information contained on this form is collected pursuant to the Municipal Act, 2001 and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy-Clerk at 705-324-9411 extension 1295 or 1322.