The Village of Kingston
PO Box 254
671 Main Street
Kingston, NS B0P 1R0

Pre-Authorized Debit (PAD) Agreement

(902) 765-2800 email: info@kingstonnovascotia.ca

1. Customer Information (Please Print Clearly)

Name:

Street Address:

City: Province: Postal Code:

Phone: Email:

Assessment Account Number(s)

2. Bank Account Information

Deposit Account Number

Branch Transit Number

Financial Institution Number

☐ Chequing Account ☐ Savings Account

Financial Institution: Name:

Branch Address:

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize the Village of Kingston to debit the account identified above for:

☐ Monthly withdrawals of $_____ to start the final day of _____ .

☐ Full amount - the full amount of the tax billing in May and September will be debited from your bank account the final day of those months.

These services are for (check one) ☐ Personal ☐ Business Use

You, the Payor, may revoke your authorization at any time in writing or by phone, subject to providing notice of at least 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit **www.cdnpay.ca**.

Signature of Account Holder:

Signature of Joint Account Holder (if appliciable):

Name (print):

Name (print):

Date:

Date:

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 PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit **www.cdnpay.ca**.

When complete, please mail, fax or email this form to:

Village of Kingston
671 Main Street, PO Box 254
Kingston, NS B0P 1R0
Tel: (902) 765-2800 Fax: (902) 765-0807
Email: info@kingstonnovascotia.ca

Please attach a copy of a VOID CHEQUE.

For Office Use Only
Date rec'd
Entered By
Entered date