



### Pre-Authorized Payment Program - Enrollment Form

Please return this by mail to 136 Hammond Street PO Box 280, Shelburne, NS B0T 1W0 or Fax (902) 875-1278. For more information please contact us at (902) 875-3544 ext. 222 or email tax@municipalityofshelburne.ca

Payment for: **PROPERTY TAX**

**PACE**

#### Customer Information

**Assessment Account Number:** \_\_\_\_\_ (as it appears on your bill)

**Name:** \_\_\_\_\_ (as it appears on your bill)

**Mailing Address:** \_\_\_\_\_  
(include civic number) \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

#### Banking Information

These services are for

**Personal**

**Business**

**Name of Financial Institution:** \_\_\_\_\_

**Address of Financial Institution:** \_\_\_\_\_

\_\_\_\_\_  
**Institution Number**

\_\_\_\_\_  
**Transit Number**

\_\_\_\_\_  
**Account Number**

#### Pre-Authorized Payment Plan Details (select *only ONE* box below)

**Option 1: Total due withdrawn on the invoice due date**

I \_\_\_\_\_, authorize Municipality of the District of Shelburne to debit my bank account on the last business day in June.

I would like my payments to start last business day in June of (year)\_\_\_\_\_.

**Option 2: Monthly pre-defined amount to be withdrawn**

I \_\_\_\_\_, authorize Municipality of the District of Shelburne to debit my bank account on the first business day each month.

I would like my payments to start the 1st business day of (month)\_\_\_\_\_ for the amount of \$\_\_\_\_\_.

**Resource Rights**

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 Pre-Authorized Payment that is not authorized or is not consistent with this Pre-Authorized Payment Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

**Cancellation Terms**

This authorization may be cancelled by me/us to Municipality of the District of Shelburne at least ten (10) business days prior or the next scheduled debit.

**Changes to bank account or Increasing or Decreasing Payment amount**

If there is a change in banking information such as new account and/or closed account, or you wish to increase or decrease the amount you are debiting from your bank account, please provide a new Pre-Authorized Payment Program Enrollment Form within ten (10) business days prior to the next scheduled debit.

**Returned Debit from bank (example: Non-Sufficient Funds NSF)**

If your pre-authorized payments are returned by the financial institution your account is subject to service charges as established by Municipality of the District of Shelburne. Two (2) returned debits will result in removal from the Pre-Authorized Payment Program.

**I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE AND IN THE PRE-AUTHORIZED PAYMENT POLICY**

I/We hereby authorize the MUNICIPALITY OF THE DISTRICT OF SHELBURNE and the financial institution indicated above to release funds for payment under the terms and conditions of this enrollment form.

**Account Holder**

Signature: \_\_\_\_\_  
Name (please print): \_\_\_\_\_  
Date: \_\_\_\_\_

**Joint Account Holder**

Signature: \_\_\_\_\_  
Name (please print): \_\_\_\_\_  
Date: \_\_\_\_\_

In Accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by the Municipality of the District of Shelburne for purposes relating to payment of tax bills and/or PACE loan.

**OFFICE USE ONLY**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Entered by: \_\_\_\_\_ Date: \_\_\_\_\_