



Mountain View
C O U N T Y

Tax Pre-Authorized Debit (PAD) Application

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM OWO
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754

Our Pre-Authorized Tax Payment Plan allows you to pay your outstanding taxes in monthly installments. Your monthly payments are automatically withdrawn from your personal chequing or savings account on the last business day of each month. You are eligible for the plan if your taxes are not in arrears for more than 2 years. If in arrears special conditions apply. Taxes owing are considered to include tax arrears and penalties.

For January to June, the payments will be based on an estimate of taxes owing. For July to December, payments will be based on the actual taxes owing as indicated on your annual Tax Notice. Tax Notices are usually sent in May. Any adjustments between the estimated taxes and the actual taxes will be spread over the last six months of the year.

Return your completed application, **along with a cheque marked "void"** (or pre-authorized withdrawal form issued by your bank) to the Mountain View County Office. Payments dishonored by the bank may be subject to penalties. After 2 dishonored payments, your plan may be cancelled by Mountain View County. **Any applications received after the 15th of the month will have the first monthly payment withdrawn the following month.**

In the event of a change in ownership of the property, **it is your responsibility** to notify the County Office and arrange for cancellation or transfer of your plan. Questions? Please call the Tax Department at 335-3311.

NAME & ADDRESS

<hr/>	<hr/>		<hr/>
Last Name	First Name		
<hr/>			
Company Name (if applicable)			
<hr/>			
Mailing Address			
<hr/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	Province	Postal Code	
<hr/>	<hr/>		
E-mail address (optional)	Phone number		

TAX ACCOUNT INFORMATION (refer to your Tax Notice)

<hr/>	<hr/>
Tax Account Number	Tax Roll Number
<hr/>	
Additional Tax Roll Numbers: (if necessary)	<hr/>
	Tax Roll Number
<hr/>	<hr/>
Tax Roll Number	Tax Roll Number
<hr/>	<hr/>
Tax Roll Number	Tax Roll Number

1. I/We have attached a cheque marked "VOID" to this authorization (for chequing Accounts only). (√)
2. I/We will inform Mountain View County, in writing, of any change in the information provided in this Authorization form prior to the next due date of the PAD.
3. I/We acknowledge that the Authorization is provided for the benefit of Mountain View County and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We am/are making application to pay current taxes, tax arrears, and penalties levied on said property in twelve (12) monthly installments. If I enter into a monthly agreement at any other time of the year than January, I must pay all outstanding taxes to date as if I had participated in the plan from January 1st. I understand that the automatic debit for my taxes will take place on the last business day of the month.
6. I/We may cancel the Authorization at any time upon providing written notice to Mountain View County at least 10 calendar days before the next payment date.
7. I/We acknowledge that provision and delivery of the Authorization to Mountain View County constitutes delivery by me/us to my/our financial institution. Any delivery of the Authorization to Mountain View County, regardless of the method of delivery, constitutes delivery by me/us.
8. Delivery of the annual Tax Notice at least 10 calendar days before the July month end payment is considered notification of any changes to the PAD. The Tax Notice will detail your monthly payments for the coming year. Specific notification will be given for any changes not indicated on the Tax Notice. At least 10 days notice will be given before the first modified PAD. Rounding differences between total monthly payments and total amount due will be incorporated into the December payment and no specific notification will be given for these adjustments.

The amount of the Pre-Authorized Debit (PAD) will be calculated as follows:

January – June will be based on the previous year's taxes plus any tax arrears and/or penalties divided by 12. July – December will be based on the sum of current year's taxes plus any tax arrears and/or penalties minus amounts paid from January – June, then divided by 6.

If you join the plan on a date after January 31st a one time catch-up payment will be calculated equal to the amount that would have been paid had you participated in the plan from January 1st. This amount will be withdrawn from your account by a one time PAD which will occur no sooner than 10 days after the date on this application form. Your signature at the bottom of this form authorizes this one time PAD.

9. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by Mountain View County as a condition to honouring a PAD issued or caused to be issued by the Mountain View County on the Account.
10. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and Mountain View County. The authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
11. I/We may dispute a PAD only under the following conditions:
 - (a) the PAD was not drawn in accordance with the Authorization; or
 - (b) the Authorization was revoked; or
 - (c) pre-notification, as required under section 8 was not received

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (a), (b) or (c) took place, must be completed and presented to the branch of the financial institution holding the Account up to and including 90 calendar days in the case of a personal PAD, (or up to 10 business days in the case of business PAD) after the date on which the PAD in dispute was posted to the account.

I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and Mountain View County, outside the payments system.

12. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.
13. I/We have read, understand and accept the terms of participating in this PAD plan. I/We authorize Mountain View County to withdraw funds from my/our account according to the terms of this Authorization.

Lump Sum Payment Amount: \$_____
Effective Date: _____

Contact the County Office
 at 403-335-3311 Ext. 156 for this amount.

 Signature

 Date

The personal information requested on this form is being collected in order to process your application, and is governed by the Freedom of Information & Protection of Privacy Act (FOIPP). If you have any questions with respect to the collection or release of this information, please contact the County Office.

The regulations for Pre-Authorized Debits were written in accordance to the Rules of the Canadian Payments Association. For further information, please visit the web site at www.cdnpay.ca or contact them by phone at (613) 238-4173.