



Taxes/Water/Wastewater Personal Pre-Authorized Debit (PAD) Agreement

Authorization of the payor to the payee to direct debit an account. To be completed by the **property owners only for properties not in arrears.**

Effective Date (Month/Day/Year) _____

Service/Property Address _____

Select the action required

- ADD your account(s) to PAD (please attach a void cheque or PAD setup form from your bank)
- CHANGE your payment plan on your tax account
- CHANGE your banking information on your PAD account (please attached a new void cheque or PAD setup form from your bank)
- CANCEL your account from PAD

Please indicate which account(s) you would like the above applied to:

- Taxes Roll No(s) _____
- Water/Wastewater Account No(s) _____

Please select the plan(s) you would like to be added to:

Taxes No penalty is applied to any of these plans as long as payments are honoured.

- 10 Month Plan
- Due Date Plan

Should your Tax and/or Water/Wastewater accounts be in arrears, please contact our office directly to make payment arrangements.

Water/Wastewater No penalty is applied to this plan as long as payments are honoured.

- Due Date Plan

First and Last Name (Owner 1) _____

Telephone Number _____ Email Address _____

First and Last Name (Owner 2 if applicable) _____

Telephone Number _____ Email Address _____

I/we hereby authorize the Town of Bradford West Gwillimbury to debit my/our account for payment of my/our Property Taxes as per the payment option selected above. This authority is to remain in effect until the Town of Bradford West Gwillimbury has received written notification from me/us of a change or termination. I/we acknowledge that I/we have read and understand all the terms and conditions of the PAD Agreement.

I/we hereby authorize the Town of Bradford West Gwillimbury to debit my/our account for payment of my/our Water/Wastewater Utility Bill equivalent to the Actual Amount Due as billed on the due date. This authority is to remain in effect until the Town of Bradford West Gwillimbury has received written notification from me/us of a change or termination. I/we acknowledge that I/we have read and understand all the terms and conditions of the PAD Agreement.

Signature _____

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 Payments Canada at www.payments.ca.

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be issued for the purposes of Property Tax and Utility billing. Questions regarding this collection may be directed to Customer Service below:

Telephone: 905-775-5366 Extension 6030
Email: finservices@townofbwg.com
Fax: 905-775-4472
Mail: P.O. Box 160, Bradford, ON L3Z 2A8
In Person: 61 Holland Street East or 100 Dissette Street
Hours: Monday-Friday from 8:30 am to 4:30 pm
Drop Box at Finance: 61 Holland Street East is available after hours, **no cash please**

If you wish to submit this electronically, please attach or take a picture and attach a void cheque or bank statement to the email that opens once you have clicked the 'Click to send by email' button below.