CORPORATION OF THE TOWN OF KINGSVILLE
Pre-Authorized Payment (PAP) Agreement

* Form Required For Each Property

1. Customer Information (*Please Print Clearly*)

Name: _____

Roll Number: 3 7 1 1 - _ _ _ - 0 0 0 - _ _ _ _ _ - 0 0 0 0

Water Account: _ _ _ _ _ _ _ _ . _ _ _

Municipal Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Residence) _____ (Work) _____

2. Bank Account Information OR *Attach "Void" cheque here*

Account Number: _

Financial Institution Number: _ _ _ _ Branch Transit No.: _ _ _ _ _

Financial Institution: Name: _____

Address: _____

PLEASE PRINT CLEARLY. THE TOWN OF KINGSVILLE DOES NOT ASSUME RESPONSIBILITY FOR ERRORS OR FEES ASSOCIATED WITH INCORRECT BANKING INFORMATION.

3. Pre-Authorized Payment (PAP) Details

MONTHLY: ☐ ***Taxes*** *(12 payments per year)* ☐ ***Water*** *(12 payments per year)*

DUE DATE: ☐ ***Taxes*** *(4 payments per year)* ☐ ***Water*** *(4 payments per year)*

You, the Payor, authorize the Town of Kingsville to debit the bank account identified for monthly recurring payments and/or one-time payments from time to time (also know as "due-date" and/or "installments"). I/we understand that regular monthly payments will be debited on the last "Town" business day of the month and due date installments on the date noted on the tax or water bill. I/we understand that our PAP agreement will be automatically cancelled within 10 business days of the "Town" receiving notification of change in ownership. You, the Payor, may revoke your authorization at any time by writing (Cancellation Form), subject to providing notice of 10 days. For more information on your right to cancel a PAP agreement visit *www.cdnpay.ca* or your financial institution.

Signature of Account Holder: _____

Name: _____
(Please Print)

Date: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____
(Please Print)

Date: _____

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required.

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

When the form is complete, please return to:

Town of Kingsville - Attn: Treasury Dept.
2021 Division Road N., Kingsville, ON N9Y 2Y9
Tel: (519) 733-2305 Email: kingsvilleworks@kingsville.ca