

**The Summer Village of West Cove
Authorization Form
Pre-Authorized Tax Payment Plan**

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/we authorize The Summer Village of West Cove and the Financial Institution designated (or any other financial institution I/we authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our tax roll account(s). Regular monthly payments for taxes will be debited to my/our specified account on or near the 28th of each month. These monthly payments are for estimated property taxes payable to the Summer Village of West Cove.

This authority is to remain in effect until The Summer Village of West Cove has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

The Summer Village of West Cove may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Name(s): _____

Summer Village of West Cove Roll Number: _____

Type of Service: Personal _____ Business: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

PLEASE PROVIDE US WITH A BLANK CHEQUE (VOID)

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____
(branch – 5 digits, FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Amount (\$) debited monthly from my/our account: \$ _____

The Summer Village of West Cove
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Email: svwestcove@outlook.com