



**Pre-Authorized Payment  
Authorization Form**

Please fill in and return this form to our office with one of your personal cheques unsigned and marked VOID (for verification purposes).

**I/WE**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Property Roll Number 07 19 \_\_\_\_\_ Phone # \_\_\_\_\_

**AUTHORIZE**

The Municipality of North Grenville  
PO Box 130  
Kemptville, ON K0G 1J0

**TO DEBIT MY/OUR ACCOUNT**

Bank Number				Transit Number				Chequing Account Number											
0																			

Held at \_\_\_\_\_  
Name of Financial Institution

Branch Address \_\_\_\_\_

For the purpose of payment of property taxes in the amount of \$ \_\_\_\_\_ per month on the last business day of the month, commencing the month of \_\_\_\_\_. (Please note that penalty is added to outstanding property taxes at a rate of 1.25% per month commencing the first day of default after the due dates indicated on the tax notices).

I/We have read and understood the terms of this authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature\* \_\_\_\_\_

Date \_\_\_\_\_

\* For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

## TERMS AND CONDITIONS

I/We will notify the Municipality of North Grenville in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or service contracted for/with the Municipality of North Grenville.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Municipality of North Grenville to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits charged to my/our account will be re-imbursed if:

- (a) the debit was not drawn in accordance with this authorization;
- (b) this authorization has been terminated; or
- (c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Municipality of North Grenville,

by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/We acknowledge that delivery of this authorization to the Municipality of North Grenville constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.