



**REQUEST FOR PRE-AUTHORIZED PAYMENT**  
**Municipal Taxes**

Person   
Business   
**(join official resolution)**

**ACCOUNT HOLDERS**

Family name and first name of the first holder	Telephone number H: _____ W: _____
Address (street, city, province)	Postal code _____
Family name and first name of the second holder	Telephone number H: _____ W: _____
Address (street, city, province)	Postal code _____

**PROPERTY**

File number _____	Address _____
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**FINANCIAL INSTITUTION**

<b>Name of the financial institution</b>	
No. of the institution (transit) _____	Account number _____
Address (street, city, province) _____	
Postal code _____	
Is there more than one mandatory signature? _____	Number _____
Note: Only one bank account per property	

**PAYEE ORGANIZATION**

I (we) acknowledge that the present authorization is given for the benefit of the payee organization (identified below) and my financial institution in return for the agreement, by said financial institution, to process debits from my account in accordance with the rules of the Canadian Payments Association.

CITY OF GATINEAU  
C. P. 1970, succ. Hull  
Gatineau (Québec) J8X 3Y9

I (we) guarantee that all persons whose signatures are required for this account have signed the agreement below.

This authorization may be cancelled at any time on simple advance notice on my (our) part clearly indicating my (our) intention to cancel the pre-authorized debit agreement. Said notice must be received no later than 10 business days before the next scheduled debit date, at the address indicated below. To obtain a sample cancellation form, or for more information on my (our) right to cancel a PAD agreement, I (we) may contact my (our) financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**VILLE DE GATINEAU  
SERVICE DES FINANCES  
DIVISION DE LA PLANIFICATION FINANCIÈRE  
ET REVENUS  
C. P. 1970, SUCC. HULL  
GATINEAU (QUÉBEC) J8X 3Y9**

I (we) acknowledge that the delivery of the present authorization to the payee organization constitutes the delivery by me (us) to my (our) financial institution. Any delivery to you of the present authorization is carried out by me (us).

I (we) acknowledge that the present authorization concerns payments in the following category in compliance with Rule H1 of the Canadian Payments Association:

- "personal/home" payments                       "business" payments

As for "personal/home" debits, I (we) will receive, in the case of periodic withdrawals, a written notice from the beneficiary specifying the amount of the debit and dates of payment, at least 10 calendar days before the due date of the first withdrawal, and this notice must be given every time there is a change in the amount or dates of payment; or in the case of variable amounts, a written notice from the beneficiary as to the amount of the debit and the dates of withdrawals, at least 10 calendar days before the date of each withdrawal.

For "business" type withdrawals, I (we) will receive, in the case of periodic withdrawals, a written notice from the beneficiary specifying the amount of the debit and dates of payment, at least 10 calendar days before the due date of the first withdrawal, and this notice must be given every time there is a change in the amount or dates of payment; or in the case of variable amounts, a written notice from the beneficiary as to the amount of the debit and the dates of withdrawals, at least 10 calendar days before the date of each withdrawal.

The account from which the beneficiary is authorized to make withdrawals is indicated above. **A sample cheque for this account is included and marked "nul and void"**. I (we) agree to inform the beneficiary in writing of any change to the information on the account contained in the present authorization before the next date of withdrawal.

I (we) acknowledge that my (our) financial institution is not required to verify that the payment was issued in accordance with the particulars of the payor's authorization, but not limited to, the amount.

I (we) acknowledge that my (our) financial institution is not required to verify that any purpose of payment for which the payment was debited has been fulfilled by the payee as a condition to honouring the pre-authorized debit issued or caused to be issued by the payor on my (our) account.

Cancellation of the present authorization does not terminate a contract for goods and services that exists between myself (ourselves) and the beneficiary. The authorization to pay only applies to the method of payment and has no other effect on the contract for goods and services exchanged.

A debit can be challenged by me (us) under the following conditions:

- (i) the debit has not been made in accordance with the payor's authorization; or
- (ii) the authorization has been revoked; or
- (iii) the advance notice has not been received.

I (we) acknowledge that, to be reimbursed, a statement that conditions (i), (ii) or (iii) have occurred must be filled out and delivered to my (our) branch of my (our) financial institution within 90 calendar days in the case of a "personal/home" type debit (or within 10 workdays in the case of a "business" type withdrawal) following the date on which the contested withdrawal has been recorded in my (our) account.

I (we) acknowledge that a request for reimbursement based on the fact that the payer authorization has been revoked or for any other reason, is an issue that can be settled solely by the beneficiary and myself (ourselves) in a withdrawal challenge 90 calendar days after a "personal/home" type withdrawal or 10 workdays after a "business" type withdrawal.

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](http://www.cdnpay.ca)

**OPTION #1  VARIABLE AMOUNTS**

**TYPE OF APPLICABLES INVOICES**

I (we) authorize by the presents the above mentioned beneficiary to make withdrawals from my (our) bank account at my (our) financial institution, for the following purposes:

- Annual tax bill     Complementary tax bill / Other invoice  
 Transfer tax bill     Water meter bill

At each due date of an applicable invoice, an amount corresponding to the coupon including any arrears, if necessary, will be withdrawn, starting on \_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_

