

REQUEST FOR PRE!AUTHORIZED PAYMENT

Person		

Gatineau	tineau Municipal Taxes		Business	
ACCOUNT HOLDERS		(join official resolu	ıtion)	
Family name and first name of the first holde	ſ	Telephone number H: W:		
Address (street, city, province)		Postal code		
Family name and first name of the second ho	lder	Telephone number		
Address (street, city, province)		H: W: Postal code		
Address (street, dity, province)		r ostal code		
PROPERTY				
File number	Address			
FINANCIAL INSTITUTION		PAYEE ORGANIZATION		
Name of the financial institution		I (we) acknowledge that the present authorization is given for the ben	nefit of the pavee	
No. of the institution (transit)	Account number	organization (identified below) and my financial institution in return for by said financial institution, to process debits from my account in acc	r the agreement,	
. ,	- Isosain Hambor	rules of the Canadian Payments Association.		
Address (street, city, province)		CITY OF GATINEAU		
F	Postal code	C. P. 1970, succ. Hull		
Is there more than one mandatory signa	ature? Number	Gatineau (Québec) J8X 3Y9		
Note: Only one bank account per prope				
I (we) guarantee that all persons whose signatu	res are required for this account have signer	I the agreement below.		
. , , ,		clearly indicating my (our) intention to cancel the pre-authorized debit agr	eement. Said notice	
must be received no later than 10 business da my (our) right to cancel a PAD agreement, I (we		ne address indicated below. To obtain a sample cancellation form, or for revisit www.cdnpay.ca.	nore information on	
		GATINEAU ES FINANCES		
		IFICATION FINANCIÈRE VENUS		
	C. P. 1970,	SUCC. HULL JÉBEC) J8X 3Y9		
I (we) acknowledge that the delivery of the pre present autorization is carried out by me (us).	sent authorization to the payee organization	constitutes the delivery by me (us) to my (our) financial institution. Any d	elivery to you of the	
I (we) acknowledge that the present authorizati	on concerns payments in the following categ	ory in compliance with Rule H1 of the Canadian Payments Association:		
☐ "personal/home" payments	☐ "business" pay	ments		
payment, at least 10 calendar days before the	due date of the first withdrawal, and this not	wals, a written notice from the beneficiary specifying the amount of the ice must be given every time there is a change in the amount or dates o and the dates of withdrawals, at least 10 calendar days before the date of	f payment; or in the	
least 10 calendar days before the due date of the	ne first withdrawal, and this notice must be gi	ritten notice from the beneficiary specifying the amount of the debit and c ven every time there is a change in the amount or dates of payment; or in withdrawals, at least 10 calendar days before the date of each withdrawa	the case of variable	
		above. A sample cheque for this account is included and marked "count contained in the present authorization before the next date of w		
I (we) acknowledge that my (our) financial instit the amount.	ution is not required to verify that the paymer	nt was issued in accordance with the particulars of the payor's authorization	n, but not limited to,	
I (we) acknowledge that my (our) financial inscondition to honouring the pre-authorized debit		pose of payment for which the payment was debited has been fulfilled on my (our) account.	by the payee as a	
Cancellation of the present authorization does applies to the method of payment and has no company the company and the company and the company are company to the company and the company are company are company and the company are company are company and the company are company and the company are company are company and the company are company are company are company and the company are company are company and the company are company are company are company are company are company are company and the company are		ces that exists between myself (ourselved) and the beneficiary. The authorices exchanged.	orization to pay only	
A debit can be challenged by me (us) under the	following conditions:			
(i) the debit has not been (ii) the authorization has be	made in accordance with the payor's authori een revoked: or	zation; or		
(iii) the advance notice has				
	sonal/home" type debit (or within 10 workda	occurred must be filled out and delivered to my (our) branch of my (our) ays in the case of a "business" type withdrawal) following the date on v		
		orization has been revoked or for any other reason, is an issue that can ersonal/home" type withdrawal or 10 workdays after a "business " type with		
		xample, I/we have the right to receive reimbursement for any PAD that is or more information on my/our recourse rights, I/we may contact my/our fi		
OPTION #1 VARIABLE AMO	JNTS			
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: ☐ Complementary tax bill / Other invoice ☐ Annual tax bill ☐ Water meter bill ☐ Transfer tax bill Comments:

OP	TION #2 PERIODIC AMOUNTS WITH INTERESTS AND PENALTIES				
As	um of \$ starting on ⁽¹⁾ will be withdrawn every				
Cor	nments:				
1. 2. 3.	At the moment of application, the amount of the debit will take into account existing arrears, when necessary. The amount withdrawn will be sufficient to ensure that the annual tax bill is settled at the end of the year. For other types of invoices other than the annual tax bill, debit amounts are indicated on individual invoices.				
(1)	Provide for a period of 10 days before the first withdrawal.				
	CONDITIONS OF APPLICATION				
1.	The City of Gatineau will deliver accounts for the amount of municipal property taxes due. These accounts must be considered as advance notices of the preauthorized debit.				
2.	In compliance with the law, interest is calculated at a rate which is established annually by City Council resolution on any amount of unpaid due taxes.				
3.	3. The City of Gatineau does not pay interest on accounts with a negative balance because of direct debits made by the subscriber. On written request from the subscriber, the City of Gatineau will reimburse amounts paid in excess.				
4.	The subscriber is responsible for the following:				
	® provide sufficient funds for the full payment of due and upcoming taxes;				
	® make a written request for any required change to the initial registration including:				
	changes in the frequency, date or amounts of payments; stopping the payments (including at the sale of your property);				
	changing the coordinates of the bank account used for preauthorized debits (change of account number, change of financial institution, etc.);				
	any other reason.				
5.	When a direct debit cannot be processed on the same day because the offices of the beneficiary organization or of the financial institution are closed because of a legal holiday, the debit will be processed on the following workday.				
6.	In accepting the request for preauthorized debit, the City of Gatineau does not renounce its right to claim and collect the account. A legal mortgage and other collection procedures may be undertaken if amounts paid are insufficient or if a direct debit is cancelled for insufficient funds or other reasons.				
7.	The City of Gatineau reserves the right to cancel any agreement within 30 days on written notice sent to the subscriber.				
8.	The City of Gatineau will not issue receipts for preauthorized debits. The subscriber will obtain information on debits from his/her financial institution.				
9.	Please note that the "stop payment" order must be at least two (2) working days prior to payment date.				
	For any information on this program, please call us at (819) 243-2400.				
10.	Totally information of the program, produce out at at (or o) 2 to 2 tot.				
	SIGNATURE OF THE HOLDER(S)				
	SIGNATURE OF THE HOLDER(3)				
	e) understand and accept the present preauthorized debit plan. I (we) consent to the disclosure of any personal information that may be contained on the Payor's Authorization to beneficiary's institution, as far as any such disclosure is directly related to and necessary for the proper application of Rule H1 of the Canadian Payments Association.				
	Signature Name in block letters Date				
	Signature Name in block letters Date				
	Signature Name in block letters Date				
<u>Im</u>	<u>portant</u>				
	We require the signature of all signatories to the bank account, and a sample cheque must be attached to the application. Please note: In the event that information is missing, we will be unable to process the application.				
ı	For businesses, please include a copy of the resolution authorizing the signatory to sign on behalf of the business.				
SPACE RESERVED FOR THE CITY OF GATINEAU					
	APPROVAL				
-	Filled out or verified by Date Approved by the authorized person Date				
	Note: Append an updated statement of account.				