

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

### Customer Information (Please print clearly)

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Bank Account Information

Financial Institution # (3 digits) \_\_\_\_\_ Branch Transit # (5 digits): \_\_\_\_\_

Bank Account #: \_\_\_\_\_  Chequing Account  Savings Account

Financial Institution Name: \_\_\_\_\_

### Pre-Authorized Debit (PAD) Details

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Start date for PAD (mm/dd/yy): \_\_\_\_\_ (10 business days' notice prior to start date) (Program begins May 1, 2021)

Account # (8 digits) (Tax / Water): \_\_\_\_\_ Amount: \_\_\_\_\_ OR  Full Balance (Taxes ONLY)

Account # (8 digits) (Tax / Water): \_\_\_\_\_ Amount: \_\_\_\_\_ OR  Full Balance (Taxes ONLY)

This service is for (check one)  Personal  Business

**The PAD agreement does not constitute a formal payment arrangement with the Town. If you have outstanding balances that could place you in a position for Property Tax Sale or Water Utility Disconnection, please contact us to make a formal arrangement.**

If you, the Payor, have more than one account with the Town of Truro, please fill out Appendix A.

You, the Payor, authorize the Town of Truro to debit the bank account identified above for the above noted amount(s) on the 3rd day of every month or the next business day.

You, the Payor, may revoke your authorization at any time in writing, subject to providing notice of 10 business days. To obtain a cancellation form please visit our website at <https://www.truro.ca/property-taxes.html> or contact the Town of Truro via phone 902-895-4484 or email [payments@truro.ca](mailto:payments@truro.ca).

The Town, as the Payee, has the authority to cancel the PAD agreement if the organization has two (2) or more insufficient fund notifications. Notice will be sent to the Payor within 10 business days of receipt of notification from the organization's financial institution.

**Signature of Account Holder:** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 PAD Agreement. To obtain more information on your recourse rights contact your financial institution or visit <http://www.payments.ca>.

Please send completed forms to: **Town of Truro, 695 Prince Street, Truro, NS B2N 1G5**  
**Email: [payments@truro.ca](mailto:payments@truro.ca)**



**APPENDIX A**

**Additional Pre-Authorized Debit (PAD) Details**

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Account # (8 digits) (Tax / Water): \_\_\_\_\_ Amount: \_\_\_\_\_ OR  Full Balance (Taxes ONLY)

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Signature of Account Holder: \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date: \_\_\_\_\_

