



**LETHBRIDGE COUNTY
PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR LAND TAXES**

Owner/Applicant Name: _____ **Roll #** _____

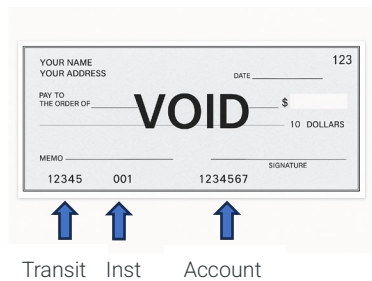
Property Address: _____

Mailing Address: _____ **City/Town:** _____

Province: _____ **Postal Code:** _____ **Phone:** _____

_____ I/We hereby authorize an electronic-pre-authorized debit (PAD) in the amount of the prior year's taxes prorated over 11 monthly instalments to be withdrawn on the 10th day of each month beginning in August, to and including June and if necessary, an additional payment to balance the account on the 31 of July.

_____ I/We hereby authorize an electronic, pre-authorized debit (PAD) in the amount of the full years current tax levy on the 31 day of July.



Customer Name: _____

Transit No. _____

Inst. No. _____

Account No. _____

I/We have attached a specimen cheque marked "VOID".

Date: _____ **Signature:** _____

Payee's Contact Information - Lethbridge County

#100, 905 - 4 Avenue South, Lethbridge, AB. T1J 4E4

Phone - 403.328.5525 Fax - 403.328.5602 tax@lethcounty.ca

www.lethcounty.ca

1. I/we authorize Lethbridge County, and the financial institution designated (or any other financial institution I/We may 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 Lethbridge County account(s). Lethbridge County will obtain my/our authorization for any other one-time or sporadic debits.



2. In the event of a property sale, it is my/our responsibility to cancel the PAD before the next processing cycle by notifying Lethbridge County Assessment & Taxation department. _____(initial)
3. New applicants are encouraged to apply by July 31. If you enroll in the monthly PAD after July 31st, you will be responsible for either:
 - Paying any missed installments immediately upon joining the program, or
 - Making up the missed amount in a lump sum in July when taxes are due.
4. This authority is to remain in effect until Lethbridge County 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.
5. If three consecutive monthly payments are missed the County has the option to cancel the PAD Agreement.
6. Lethbridge County may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.
7. 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

I/We understand and accept the terms of participating in this PAD plan. _____
Signature Date

The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email atippcoordinator@lethcounty.ca or call 403-328-5525.