



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pre-authorized debit (PAD) in the amount of the prior year's taxes prorated over **11** monthly instalments to be withdrawn on the 10th day of each month beginning in August, to and including June and if necessary, an additional payment to balance the account on the 31 of July.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

Date: _____ **Signature:** _____

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

Payee's Contact Information - **Lethbridge County**
#100, 905 - 4 Avenue South, Lethbridge, AB. T1J 4E4
Phone – 403.328.5525 Fax – 403.328.5602 tax@lethcountv.ca www.lethcountv.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). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account according to the schedule listed in # 5. Lethbridge County will provide 10 days written notice of the amount of each regular debit. 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 20. Applications received during the year will have payments prorated over the number of remaining months to June.
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. 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.
6. 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

This information is being collected under the authority of the Municipal Government Act Section 329 and will be used to update our Tax N/A System. It is protected by the Freedom of Information and Protection of Privacy Act. If you have any questions about collection of this information contact Ann Mitchell, CAO 403-328-5525.