



PRE-AUTHORIZED WITHDRAWAL SERVICE (PAWS) APPLICATION

I/We hereby authorize the City of Parksville to withdraw fixed preauthorized payments from the account as specified below (void cheque attached) on the 15th day of each month or within the next 3 business days after the 15th. There will be no payments debited in the month of June. I/We may request that the tax payments remain at a fixed amount from year to year. Other than the option to select a fixed tax amount (not utilities), all payments will be recalculated annually, at the end of March for utilities and at the end of May for taxes and the new payment amount will be stated on the next tax/utility notice at least 10 days before the next payment date. **I/We hereby waive the requirement that the City of Parksville provide written notice of: (a) the amount and the date(s) of the debit before the due date of the first debit and (b) any change in amount that I/We have requested at any time by any means.**

I/We may change the bank information for this authorization or cancel this authorization at any time by providing written notice at least two weeks prior to the next debit. Cancellation and change forms are available from the City of Parksville. Also, I/we may obtain a sample cancellation form, or more information on my/our right to cancel a Preauthorized Debit (PAD) Agreement at my/our financial institution or by visiting www.cdnpay.ca.

I/We understand that PAWS payments are not refundable except in certain circumstances arising from the sale of the property, in which case an administration fee will apply.

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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE ATTACH A VOID CHEQUE
Return your completed application to:

FINANCE DEPARTMENT
City of Parksville
100 Jensen Avenue East
PO Box 1390, Parksville, BC V9P 2H3
Phone: 250 248-6144 | Fax: 250 954-4685

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Name(s) (Please Print) _____
Mailing Address _____
City _____ Prov _____
Postal Code _____ Daytime Phone _____
Property Location (Civic Address) *if different* _____

OFFICE USE ONLY:	
Date Received _____	Start Month _____
Tax Folio _____	Amount _____
Utility Acct _____	Amount _____
Annual Tax Reset: Yes <input checked="" type="checkbox"/>	No _____
Type of Bank Acct: Personal <input checked="" type="checkbox"/>	Business _____
REG HOG _____	ADDITIONAL HOG _____
Birth year of oldest HOG claimant _____	
NO HOG _____	

I/we hereby agree to the preauthorized payment plan as detailed above.

Signature _____
Date: _____

Signature _____
Date: _____