

DISTRICT OF 100 MILE HOUSE

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DISTRICT OF
100 Mile House

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

CUSTOMER INFORMATION (Please Print)

Roll # : _____ Civic Address : _____

Name of Registered Owner (s) : _____

Mailing Address : _____

Phone # : _____ Email : _____

BANK ACCOUNT INFORMATION

Name of Financial Institution : _____

Branch Transit # : _____ Account # : _____

Branch Address : _____

Notice to Residents:

Please note that starting in 2027, the Province of British Columbia will discontinue the \$200 Northern and Rural Homeowner Grant. Residents who prepay their property taxes should factor this change into their monthly payment planning.

I/We the undersigned authorize the District of 100 Mile House to debit the account identified above in the amount of \$ _____ on the 1st of every month or the next business day, for the period of August 2026 to May 2027.

These services are for (check one) : Personal Business **A void cheque must be attached for NEW applications.**

PRE-AUTHORIZED DEBIT (PAD) DETAILS

I/We may revoke my/our authorization at any time, subject to providing written notice of at least fifteen (15) business days before the next debit is scheduled. To obtain a sample cancellation form or for more information on my/our right to cancel a PAD, I/we may contact my/our financial institution or visit www.cdnpay.ca.

I/We agree to give written notice to the Payee of any changes with respect to the account against with I/We have designated the PAD to be drawn. 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.

I/We the undersigned agree to the Terms and Conditions of the Tax Installment Prepayment Service as outlined in Bylaw #1057, 2007 and all amendments thereto. The registered owner(s) will be responsible for any outstanding balance and **must claim the N & R Home Owner Grant each year if eligible.**

For joint accounts all depositors must sign the application if more than 1 signature is required for account authorization.

Signature : _____ Date : _____

This agreement MUST BE completed every year.

The information collected on this form will be managed, used and disclosed in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*.