



**PAYOR'S PAD AGREEMENT**  
**Personal Pre-Authorized Debit Plan**  
**Application/Changes/Cancellation for**  
**TAX INSTALLMENT PAYMENTS PLAN SERVICE (TIPPS)**

Payor Information *(Please print clearly)*

ROLL NUMBER	CIVIC ADDRESS	BEACH/DIVISION
APPLICANT(S) NAME	HOME/CELL PHONE	BUSINESS PHONE
APPLICANT(S) NAME	HOME/CELL PHONE	BUSINESS PHONE
MAILING ADDRESS		

**1. Select one of the following:**

**New Application**

Please include either:

- Blank cheque marked "VOID" with correct mailing address; or
- PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION** *(Please print clearly)*

Branch Number  	Institution #  	Account Number  
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code

**Change Bank Information**

Fill out the above Banking Information box or include a blank cheque marked "VOID" with correct mailing address.

**Cancellation Request**

I/We wish to cancel my/our participation in the Tax Instalment Payment Plan Service due to one of the following reasons:

- Sold property       Prefer annual payment       Other \_\_\_\_\_

**2. If you have any questions, please contact the Payee:**

District of Lakeland No. 521  
 Box 27 Christopher Lake SK S0J 0N0  
 Telephone: (306) 982-2010  
 Fax: (306) 982-2589  
 Email: [office@lakeland521.ca](mailto:office@lakeland521.ca)

**3. Read the Terms and Conditions on the reverse of this document and sign.**



# PAYOR'S PAD AGREEMENT

## Personal Pre-Authorized Debit Plan

### Terms & Conditions

In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.

1. I agree to participate in this Pre-Authorized Debit Plan for personal/householder consumer purposes.
2. I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution").
3. I authorize the Financial Institution to honour and pay such debits.
4. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.
5. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
6. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.
7. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
8. The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.
9. I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca).
10. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
11. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
12. I agree to waive the pre-notification requirements of this Agreement and to abide by any modification to the pre-notification requirements as agreed to with the Payee.
13. I agree that if a payment is returned for insufficient funds, closed account, frozen funds, etc. I will be charged a returned item fee. Payments must be repaid within two weeks in order to remain on the program.
14. I understand if any payments are missed, the District of Lakeland has the option to cancel the agreement and request payment of the total outstanding taxes.

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Signature of Payor