



**The Town of Blackfalds (TAXES)  
Pre-Authorized Debit (PAD) Agreement**

**New**  **Change**  **Cancellation**  **Tax Roll Number:** \_\_\_\_\_

**DEBIT (PAYOR)**  
**NAME:** \_\_\_\_\_ **STREET ADDRESS & BOX NUMBER:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_

**CREDIT (PAYEE)** (Must be a credit union member)  
**NAME:** THE TOWN OF BLACKFALDS (TAXES)

Contact Info for Business (payee):  
**The Town of Blackfalds, Box 220, 5018 Waghorn Street, Blackfalds, AB T0M 0J0**  
**Phone: 403-885-4677 Fax: 403-885-4610 E-mail: [taxes@blackfalds.com](mailto:taxes@blackfalds.com) Website: [www.blackfalds.com](http://www.blackfalds.com)**

**DESCRIPTION OF PAD:**  
 Business PAD  
 Personal PAD

Taxes

\* (  **Payor Must include Void cheque or other Financial Institution Information Form for New or Change** )

**PAYOR ACCOUNT INFORMATION:** Transit: \_\_\_\_\_ Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

<p><b>Calculated payment</b> \$ _____</p> <p><b>Maximum Payment Amount:</b> \$ _____</p> <p><b>START DATE:</b> _____</p>	<p><b>FREQUENCY</b>  <input type="checkbox"/> Monthly  (Last banking day of the month)</p>	<p><b>PAYOR FINANCIAL INSTITUTION –NAME AND ADDRESS</b> (the "Processing Institution")</p> <p>If changing current AFT, indicate changes:</p> <table style="width:100%; border: none;"> <tr> <td></td> <td align="center">From</td> <td align="center">To</td> </tr> <tr> <td>Date:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Frequency:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Amount:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Debit/Credit:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Effective Date:</td> <td colspan="2">_____</td> </tr> </table>		From	To	Date:	_____	_____	Frequency:	_____	_____	Amount:	_____	_____	Debit/Credit:	_____	_____	Effective Date:	_____	
	From	To																		
Date:	_____	_____																		
Frequency:	_____	_____																		
Amount:	_____	_____																		
Debit/Credit:	_____	_____																		
Effective Date:	_____																			

**AUTHORIZATION:**  
I/We acknowledge that this Authorization is provided for the benefit of The Payee and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Payor Signature	Date	Payor Signature	Date
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*Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.*

**STATEMENT OF NOTIFICATION** Personal information collected on this form will be used for the sole purpose of processing and administering of taxation services by the Town of Blackfalds. This personal information is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is protected under the FOIP Act. If you have questions regarding or concerns about the collection and use of this information, please contact the Town of Blackfalds FOIP Coordinator at 403.885.6248 or by email at [foip@blackfalds.com](mailto:foip@blackfalds.com).

**TOWN OF BLACKFALDS AGREES TO NOTIFY OUR CUSTOMERS 10 DAYS PRIOR TO NEXT DEBIT, IF THERE IS A PAYMENT CHANGE.**

**CHANGES OR PAYMENT CANCELLATIONS (10) DAYS NOTICE IS REQUIRED PRIOR TO THE NEXT DUE DATE OF THE PAD)**

The Payor hereby cancels/changes this Pre-Authorized Debit (PAD) Agreement effective: \_\_\_\_\_

Payor Signature	Date	Payor Signature	Date
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## TERMS AND CONDITIONS

- 1) I/We hereby authorize the Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this Agreement.
- 2) Particulars of the Account that the Payee is authorized to debit are indicated in the "Payor Account" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
- 3) I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
- 4) This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next Pre-Authorized Debit (PAD) is to be issued as noted on Page 1, "Cancel Payment" section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a Pre-Authorized Debit (PAD), I/we can contact the Payee at the telephone number, address, email or fax set out in this Agreement.
- 5) I/We may revoke this Authorization at any time by delivering a notice of revocation to the Payee **at least ten(10) business days** prior to the next due payment of the Pre-Authorized Debit. I/We agree that revocation of this Authorization does not terminate any other obligation between myself/ourselves and the Payee. This Authorization applies only to the method of payment and does not have any bearing on the contract for goods or services exchanged. The Payee may terminate this method of payment at any time without prejudice to its rights and remedies under the said obligation.
- 6) I/We acknowledge that provision and delivery of this Authorization to the Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to the Payee constitutes delivery by the Payor.
- 7) If this Authorization is for fixed or variable amount business, personal or funds transfer PADs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre-Notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:
  - a. with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least **10** calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
  - b. with respect to variable amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least **10** calendar days before the due date of every PAD; or
  - c. with respect to business, personal or funds transfer PADs, at least **10** calendar days written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax.

Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document.

The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.

- 8) I/We authorize the Payee to process this Pre-Authorized Debit (PAD) a second time if the first presentment is returned by my/Our Financial Institution for reasons: **901 (NSF) or 908 (Funds Not Cleared)**. I/We agree to pay any costs resulting from the representation.
- 9) I/We acknowledge that Processing Institution is not required to verify that a Pre-Authorized Debit (PAD) has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
- 10) I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the Account.
- 11) I/We acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADs that I/We have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
  - a. the PAD was not drawn in accordance with this Authorization;
  - b. this Authorization was revoked; or
  - c. pre-notification was required and was not received.

I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of the Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a Funds Transfer PAD that has recourse through the clearing system or, in the case of a Business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.

- 12) I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
- 13) I/We acknowledge and agree that if this Authorization is for funds transfer PADs the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
- 14) Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- 15) I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
- 16) I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.