



PLEASE PRINT

FIN – 1008

Department of Finance & Administration

**PERSONALLY APPROVED DEBITS FOR RESIDENTIAL PROPERTIES**

Property Information

**SECTION 1**

Property Location: \_\_\_\_\_

Account #: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Applicant Information

**SECTION 2**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ Telephone: (work/cell) \_\_\_\_\_

Banking Account

**SECTION 3**

Bank Account is a:  Personal Account  Business Account

A void cheque or authorization form from bank showing bank account & branch number MUST be attached to the completed form.

Payment Details

**SECTION 4**

Monthly Withdrawal Amount: \_\_\_\_\_ Month to Begin (mm): \_\_\_\_\_

Date of Withdrawal: 15<sup>th</sup> of each month  26<sup>th</sup> of each month  30<sup>th</sup> of each month

Withdrawal Amount Indicated is:

- Paying in advance: No interest generates on the account as payments are made in advance of the due date of the bill.
- Regular Payment: Interest calculated on the unpaid balance each month.
- As per Owner & City of St. John's Account Representative.

Applicant Declaration:

SECTION 5

I/We authorize the City of St. John's and the financial institution designated (or any other financial institution I/we may authorize at any time by giving ten (10) days written notification) 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 City of St. John's account.

Regular monthly payments will be debited to my/our specified account on the same date each month as indicated above. The City of St. John's will provide ten (10) days written notice of the amount of each regular debit (\*\* only 5 days if the 15<sup>th</sup> is chosen as a withdrawal date). The City of St. John's will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the City of St. John's has received written notification from me/us of its change or termination. This change of information or termination notification must be received by the City 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](http://www.cdnpay.ca).

The City of St. John's may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us. 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](http://www.cdnpay.ca).

X

SIGNATURE OF APPLICANT

X

SIGNATURE 2 (if required)

X

Date (yyyy-mm-dd)

Privacy Notice

SECTION 6

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of processing the above application. Questions about the collection and use of the information may be directed to Finance & Administration, Revenue Accounting Division, (709) 576-8251.

Please send completed form to:

Revenue Accounting  
1<sup>st</sup> Floor City Hall, 10 New Gower Street  
PO Box 908, St. John's, NL A1C 5M2

For further information: Telephone (709) 576-8251  
E-mail: [taxation@stjohns.ca](mailto:taxation@stjohns.ca)