



PLEASE PRINT

FIN – 1009

Department of Finance & Administration

**PERSONALLY APPROVED DEBITS FOR
COMMERCIAL/MIXED USE 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: 15th of each month 26th of each month 30th of each month

Withdrawal Amount Indicated is:

As per Owner's Request

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 obtain my/our authorization for any other one-time or sporadic debits. The amount indicated above will remain in effect until I/we request a change to this amount or due to collection activity on my/our tax account by the City of St. John’s; the City & I/we mutually agree to change the amount.

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.

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.

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
1st 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