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|  <p>PLEASE PRINT</p> | FM-1009 | FINANCIAL MANAGEMENT DEPARTMENT |
| | PERSONALLY APPROVED DEBITS FOR COMMERCIAL/MIXED USE PROPERTIES | |
| | Received by _____ | Date (yyyy-mm-dd): _____ |
| PROPERTY INFORMATION: | | SECTION 1 |
| Property Location: _____ | | |
| Account #: _____ Parcel ID# _____ | | |
| APPLICANT INFORMATION: | | SECTION 2 |
| Owner Name: _____ Mailing Address: _____ | | |
| Telephone: Home _____ | | |
| Telephone: Work _____ Postal Code: _____ | | |
| BANK ACCOUNT: | | SECTION 3 |
| Bank Account is a: <input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account | | |
| A void cheque or authorization form from bank showing bank account & branch number <u>MUST</u> be attached to the completed form. | | |
| PAYMENT DETAILS: | | SECTION 4 |
| Monthly Withdrawal Amount: _____ Month to Begin (mm): _____ | | |
| Date of Withdrawal: 15 th of each month <input type="checkbox"/> 26 th of each month <input type="checkbox"/> 30 th of each month <input type="checkbox"/> | | |
| Withdrawal Amount Indicated is: As per Owner's Request <input type="checkbox"/> As per Owner & City of St. John's Account Representative <input type="checkbox"/> | | |
| APPLICANT DECLARATION: | | SECTION 5 |
| <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | | |
| _____ SIGNATURE OF APPLICANT | _____ SIGNATURE 2 (if required) | _____ Date (yyyy-mm-dd) |
| Please send completed form to: Revenue Accounting 1 st Floor, City Hall, 10 New Gower Street P.O. Box 908, St. John's, NL A1C 5M2 | | For further information: Telephone: (709) 576-8400 e-mail: taxation@stjohns.ca |