



PLEASE PRINT

FM-1008

FINANCIAL MANAGEMENT DEPARTMENT

PERSONALLY APPROVED DEBITS FOR RESIDENTIAL 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: 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:

- 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 15th 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.

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.

SIGNATURE OF APPLICANT

SIGNATURE 2 (if required)

Date (yyyy-mm-dd)

Please send completed form to: Revenue Accounting 1st 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