

TOWN OF UNITY PREAUTHORIZED DEBIT (PAD) AGREEMENT FORM

This agreement authorizes and instructs your financial institution to automatically make payments to the Town of Unity directly from your bank/credit union account.

Please carefully read and complete the relevant sections of both pages.

Property	y Owner	Information
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Mailin	Address	
Mailin	g Address	Prione Number
Email	Address	
Payee	Name (if different than name above)	
n 1 of 2 -	- Select Account(s), and Property Tax pa	vment amount (if applicable)
p 1 01 3 -	- Select Account(s), and Property Tax pa	yment amount (ii applicable)
	Utility Acct #	Property Tax Roll #000
	Monthly payment withdrawal date: 20 th	Monthly payment withdrawal date: 20 th
	Monthly payment amount will be the exact amount of account balance at the time of the payment withdrawal.	Payment amount options: ☐ Equalized property tax levy divided by 12
		/month
	Amounts may vary.	
_	Amounts may vary. O No change to Utility payments	○ No change to Property Tax payments
.p 2 of 3 -		
-	No change to Utility payments • Attach a VOID cheque OR complete the	e fields below.

Policy 3.9.1

Important Notes

- It is the responsibility of the property owner to ensure sufficient funds are available <u>monthly</u> for the selected payment(s).
- When completed, this agreement will take effect upon receipt by Town Office staff. Forms received between the 15th 20th may miss the first payment cycle.
- Town of Unity will provide Utility Notices to the property owner at least 7 days in advance of the
 payment withdrawal date. Utility Notices will include the total amount due and the PAD
 withdrawal date.
- The amount of the withdrawal from the property owner's account will vary depending on the transactions processed during the relevant billing period.
- If the selected payment date falls on a weekend / holiday, withdrawal will be next business day.
- Full agreement terms are available at www.townofunity.com under policy 3.9.1.

Updates to PAD information, including cancellation requests, must be submitted in writing at the Town Office or by email info@townofunity.com.

Adjustment / cancellation requests received prior to the 15th of the month, will be processed for the next billing cycle.

Step 3 of 3 – Authorization

By signing below, I:

- Authorize the Town of Unity and my bank/credit union to process pre-authorized withdrawals as selected.
- Acknowledge responsibility for ensuring sufficient funds are available on my selected date and monitoring my Utility account balance.
- Agree to follow all the terms of Pre-Authorized Policy 3.9.1. including the requirements related to participation, withdrawal and penalties.
- Understand that returned payment may result in penalties, fees and/or removal from the program.
- Understand that incomplete or unsigned forms will not be processed.

<u>Primary Account Holder</u>	Secondary Account Holder
Signature:	Signature:
Printed Name:	Printed Name:
Date:	Date:

Step 4 - Completed* forms to be submitted to the Town Office in person or by email / mail:

Town of Unity info@townofunity.com
Box 1030
Unity, SK SOK 4L0 (306) 228-2621

Policy 3.9.1