



Please return for to:
City of Beaumont - Taxes or Utilities
5600 - 49 Street
Beaumont AB T4X 1A1
Phone 780.929.3306
Fax: 780.929.8729
Email: taxes@beaumont.ab.ca or
utilities@beaumont.ab.ca

PAYOR'S PAD AGREEMENT

Pre-Authorized Payments for Property Taxes and Utility Accounts

Tax Installment Plan (TIP)

The Tax Installment Plan allows taxpayers to authorize twelve equal automatic monthly withdrawals from your selected bank account to be applied against your property taxes, rather than one single annual payment on June 30th. The plan runs from January to December each year. The first five monthly withdrawals are based on the previous year's tax levy. Tax Notices are issued in May and as a participant in the plan, your automatic monthly withdrawals are **adjusted in June** to compensate for the new tax levy. Your adjusted monthly withdrawal will be 1/7th of the outstanding balance on your tax notice and will commence with your June withdrawal. This adjustment will ensure that your tax account is at a zero balance at year end.

If you would like to take advantage of this option, please complete the application form, submit it to the City

Administration Office, along with a void cheque and any payment required to bring the account up to date (if applicable). Please note that this form **must** be filled out by the person who holds the bank account.

Pre-Authorized Payments for Utility Accounts

You have the option of paying your City of Beaumont Utility Account directly through your bank via pre-authorized payments. Your account will be debited the full amount shown on the utility bill on the due date shown on the bill.

If you would like to take advantage of this option, please complete the application form, submit it to the City Administration Office, along with a void cheque from the account to be debited. Please note that this form **must** be filled out by the person who holds the bank account.

Important information to know:

- Property taxes **MUST** be paid up to date in order to join TIP, payments are processed within the first 3 business day of each month.
- Utilities payments are processed on the due date which is typically the first business day of the following month.
- NSF payments will be charged an NSF fee of \$30.00. We will not attempt to take the payment a second time, so you are required to make alternative payment for any returns before the next scheduled withdrawal. Check out our website for payment options. www.beaumont.ab.ca
- The City of Beaumont has the option to cancel your plan if there are more than 2 NSF returns in a calendar year; utility arrears are transferred to your tax account due to non-payment or if there is an outstanding balance on your tax account at December 31st.
- The City of Beaumont requires **10 days' notice** to make changes to your plan. You may request changes by filling out the Changes Form for Pre-Authorized Payment Plans which is available on our website at www.beaumont.ab.ca or at the City Administration Office.

If you would like more information on the pre-authorized payment plans, please contact us by phone at 929-8782 or by email at taxes@beaumont.ab.ca or utilities@beaumont.ab.ca

Please keep this page for your records.

Please see PAD Agreement Terms and Conditions (on reverse side).

TERMS AND CONDITIONS

1. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this Agreement.
2. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
4. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on Page 1, Cancel Payment section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting www.cdnpay.ca.
I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone number or address set out in this Agreement.
5. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery by the Payor.
7. If this Authorization is for fixed or variable amount business, personal or funds transfer PADs recurring at set intervals, unless I/we have waived any and all requirements for pre-notification of debiting in the "Waiver of Pre-Notification" section on page 1 of this Agreement, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge I/we will receive:
 - (a) with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
 - (b) with respect to variable amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every PAD; or
 - (c) with respect to business, personal or funds transfer PADs, at least 10 calendar days written notice from the Payee of any change in the amount of the PAD which results from a change in any applicable tax rate, a top-up or other adjustment. No pre-notification will be given if the amount of the PAD decreases as a result of a reduction in municipal, provincial, or federal tax.

Pre-notification may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document. The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.

8. If this Authorization provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
10. I/We acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on the Account.
11. I/We acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
 - (a) the PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) pre-notification was required and was not received.I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b), or (c) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this Authorization is for funds transfer PADs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
14. Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.cdnpay.ca.
15. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
16. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.



Please return for to:
 City of Beaumont - Taxes or Utilities
 5600 - 49 Street
 Beaumont AB T4X 1A1
 Phone 780.929.3306
 Fax: 780.929.8729
 Email: taxes@beaumont.ab.ca or utilities@beaumont.ab.ca

PRE-AUTHORIZED PAYMENTS FOR PROPERTY TAXES AND UTILITY ACCOUNT

Please choose which account you would like to sign up for:			
<input type="checkbox"/>	Property Taxes	NOTE:	Any cancellation or change of information requires 10 days' notice. Refer to the Change Form for Pre-Authorized Payment Plans
<input type="checkbox"/>	Utilities		
SECTION 1 - ACCOUNT INFORMATION			
Service Address:			<input type="checkbox"/> Owner <input type="checkbox"/> Renter
Utility Account No:		Tax Roll No:	Customer No: Internal Use Only
SECTION 2 - PAYOR INFORMATION (Account holder's name and address (the "Payor"))			
Name:			
Address:	City/Town:	Province:	Postal Code:
Phone:	Email:		
SECTION 3 - PAYEE INFORMATION			
Name: City of Beaumont			
Address: 5600 49 St.	City: Beaumont	Province: AB	Postal Code: T4X 1A1
Phone: 780-929-8782			
SECTION 4 - PAYMENT DETAILS			
Utilities: Amount of payment variable bi-monthly payments on due dates in February, April, June, August, October and December.			
Taxes: Fixed payment of \$_____ debited monthly within the first 3 business days of each month starting in _____			
Please attach one of the following:			
<input type="checkbox"/> VOID cheque			
<input type="checkbox"/> Direct deposit/pre-authorized payment setup from the bank			
SECTION 5 - AUTHORIZATION			
I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By Signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions and acknowledges understanding of such.			
We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization			
_____ (print name here)		_____	
Signature		Date	
The personal information requested on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33 (c). The information collected will be used to activate and process pre-authorized monthly charges. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49 Street, Beaumont, Alberta, T4X 1A1 or (780-929-8782).			