

REGISTRATION FOR PREAUTHORIZED PAYMENT AGREEMENT - MUNICIPAL TAX

Return no later than 7 working days before first payment is due.

Return by mail or in person to the Town Hall at:

1585, Montarville Street, St-Bruno-de-Montarville (Quebec) J3V 3T8

Property Owner and Banking Information			
First Name and Last Name of Property Owner(s):			Telephone No.:
Address of Property:			Postal Code:
Email Address:		Property Registration No.	
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	T		
Name of financial institution where account is located:	Institution No.	Transit No.	Account No.
locatou.			
Please fill out this form and return it with a blank cheque marked "VOID". Notify us as soon as possible if			
you change accounts or financial institutions.			
Debit Authorization			
I hereby authorized the Ville de Saint-Bruno-de-Montarville and the designated financial institution (or any			
other financial institution that may authorize at any time) to make preauthorized debits (PAD) for payment of			
my municipal taxes. Payments will be debited to my account according to the installment option selected.			
Payment Option: 4 installments Monthly (on the 20th day of each month)			
(No interest, depending on payment dates) (With interest according to rules in effect)			
Changes/Cancellation			
This authorization shall stay in effect until at such time as the Ville de Saint-Bruno-de-Montarville has received notice from me requesting the modification or cancellation of such authorization. Such notice shall arrive at least 10 working days prior to the scheduled date for the next debit withdrawal at the addressed specified below. I can obtain a copy of the cancellation form on the website of the Ville de Saint-Bruno-de-Montarville and			
more information on my right to cancel the preauthorized debit agreement by contacting my financial institution or going to www.cdnpay.ca . I release the			
financial institution of all responsibility if this cancellation is not upheld, except in the case of gross negligence on the part of said institution.			
I agree that the financial institution where my account is located is not required to verify that payment debits are made in accordance with my			
authorization. I hereby certify that any person whose signature is needed for operating the above account has signed this authorization.			
I acknowledge that granting this authorization to the beneficiary organization is equal to granting it to the above financial institution.			
Refund			
I have certain remedial rights if any debit is not made in compliance with this agreement. For example, I am entitled to be reimbursed any debit amount that is not authorized or that is not in compliance with this PAD agreement. To obtain a refund request form or for more information on my remedial			
rights, I can contact my financial institution or go to www.cdnpay.ca			
Signature of bank account holder	 Signat	cure of second bank acco	ount holder
		of joint account for which two	
	_		
Date			