



# RM of Torch River Tax PAD Agreement

RM of Torch River No. 488  
Box 40, White Fox, SK S0J 3B0  
Phone: 306-276-2066  
Fax: 306-276-2099  
rm488@sasktel.net  
www.rmtorchriver.ca

### RATEPAYER INFORMATION

Name: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT DETAILS**     I/We have attached a void cheque as required.

Bank ID – 3 digit number (XXX): \_\_\_\_\_ Transit ID – 5 digit number (XXXXX): \_\_\_\_\_

Account Code – up to 12 digits: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Payment Type:                                     Personal PAD                                     Business PAD

Amount: \$ \_\_\_\_\_

CPA Transaction Type: 380

### AUTHORIZATION

I/We authorize the RM of Torch River to debit my/our account as indicated on page 2 for the property(s) associated with the above customer number(s).

By signing this Authorization, the Ratepayer acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Ratepayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ratepayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If only one signature is required for the Account then only one Ratepayer need sign. However, if two or more signatures are required, then both or all Ratepayers must sign.*

### WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

Ratepayer Signature: \_\_\_\_\_ Ratepayer Signature: \_\_\_\_\_

**CANCEL PAYMENT (10 days notice is required before the next PAD will be issued)**  
The Ratepayer hereby cancels this Tax PAD Agreement effective: \_\_\_\_\_  
Ratepayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Ratepayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. I/We hereby authorize the RM of Torch River (the RM), in accordance with the terms of my/our account agreement with my/our financial 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. A VOID cheque for the account that the RM is authorized to debit has been attached to this agreement.
3. I/We undertake to inform the RM of any change in the bank account information provided in this Authorization 10 days prior to the next due date of the PAD. If notice is not provided the RM has the right to cancel this agreement.
4. I/We undertake to inform the RM of a sale of property to arrange for cancellation or transfer of the payment at least 10 days prior to the next payment date.
5. I/We acknowledge that each payment shall be treated the same as if I/we had personally issued a cheque authorizing payment as indicated. As such, if a payment is missed due to non-sufficient funds a \$30 fee will be invoiced according to Bylaw 06-2014. The missed payment will be made up at the next month's withdrawal date. After two missed payments the RM has the right to cancel the Agreement.
6. I/We acknowledge that the monthly payment amount will be withdrawn on the 15<sup>th</sup> of each month. The monthly payment amount may be adjusted periodically to ensure taxes are paid in full by December 31<sup>st</sup>. This Agreement can be entered into at any time on the condition that payment of all prior months is received or the account balance is divided by the number of months remaining to determine the monthly payment. The first seven months are based on the previous year's tax levy. The remaining months are based on the current year's levy.
7. This authorization automatically renews each year but may be cancelled at any time upon written notice within the specified number of days indicated on Page 1.
8. I/We acknowledge that provision and delivery of this Authorization to the RM constitutes delivery by me/us to my/our financial institution. Any delivery of this Authorization to the RM constitutes delivery by the Ratepayer.
9. 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, I/we acknowledge I/we will receive:
  - a. Written notice from the RM 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
  - b. At least 10 calendar days written notice from the RM 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 RM, includes an electronic document.
10. I/We acknowledge that my/our financial 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.
11. I/We acknowledge that my/our financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the RM as a condition to honouring a PAD issued or caused to be issued by the RM on the Account.
12. I/We acknowledge a PAD may be disputed by 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 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 my/our financial institution holding the account on or before the 90<sup>th</sup> calendar day in the case of a personal PAD or on or before the 10<sup>th</sup> business day in the case of a business PAD, in each case after the date on which the PAD is dispute was posted to the Account.  
To obtain more information on my/our recourse rights I/we can contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).
13. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the RM and there is no entitlement to reimbursement from my/our financial institution.
14. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by the RM and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
15. 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 RM 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 Payments Canada.