TOWN OF LUNENBURG



Pre-Authorized ("PAD") Payment Application Form - Property Taxes and/or Sewer Charges Information/Inquiries: (902) 634-4410

CUSTOMER INFORMATION EFFECTIVE DATE: Name: Mailing Address: ____ E-mail: ___ City/Town: _____ Province: _____ Postal Code: ____ (work/cell): Phone (home): ___ TAX AND/OR SEWER ACCOUNT INFORMATION Account number(s) - from property tax and/or sewer bill Name on bill Type of Service Business or Personal BANKING INFORMATION (attach your VOID cheque) Account Number: _____ Branch Transit # ___ __ Bank # ___ __ Bank # ___ __ Chequing Savings Name of Bank: ___ Address of Bank: PAYMENT INFORMATION I/We authorize the Town of Lunenburg to debit my/our account 2 business days prior to the due date. I/We (the customer) may revoke this authorization at any time, subject to providing written notice to the Town of Lunenburg 10 days prior to the next payment date. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca Full (Taxes & Sewer) The full amount of the tax and sewer billings will be debited from your bank account 2 business days before the due date. Due dates for tax and sewer billings are May 31st and September 30th. ☐ Monthly Pre-defined Please debit my account \$___ 2 business days before the end of the month. (Tax & Sewer) Overdue interest charges will be applied to outstanding amounts. Monthly (Taxes & Sewer) The account must be fully paid by September 30th annually. The first monthly installment will be debited 2 business days before October 31st. Monthly withdrawals will occur 2 business days before the end of each month. The September installment will be for outstanding balance in the tax account to ensure the account is paid in full by September 30th. Please return this Application Form to: IMPORTANT THINGS TO KNOW Interest will be charged on any outstanding balance at the end of each month. Town of Lunenburg Attn: Finance Department New applications and changes must be received 15 days prior to the next payment date to be PO Box 129 Lunenburg, NS B0J 2C0 or fax to (902) 634-4416 included for that month. Any returned payment will void this agreement and cmills@explorelunenburg.ca subject the account to NSF charges and/or collection action. You have certain recourse rights if any debit does not comply with this agreement. For example, you Authorized Signature(s) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial Date institution or visit www.cdnpay.ca For office use only: Date rec'd Rec'd by Entered by Entered date