



Town of Radville

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Email: town.radville@sasktel.net; town.radville2@sasktel.net

Taxes Pre-Authorized Payment Plan Form

1. Request Type - Please select one

- Enroll in **Pre-Authorized Payment Plan**
- Cancel **Pre-Authorized Payment Plan**
- Change Banking Information

2. Property Information

• Town of Radville Property Address: _____

• Roll Number: _____

Note: A separate authorization form is required for each property.

3. Applicant Information

• Full Name(s) on Title: _____

• Mailing Address: _____

• Phone Number: _____ Email: _____

4. Banking Information (*Enrollment or Banking Changes Only*)

Void cheque

or

Pre-Authorized Debit form from your banking institution

5. Effective Date of Request

• Month/Year to Begin or End PAPP: _____

• Last Withdrawal Date (if cancelling): _____

6. Terms & Conditions

By signing below, I/we agree to participate in the Pre-Authorized Payment Plan (PAPP) under the following conditions:

1. **Valid Signing Authority-** I/we confirm that all required account holders have signed this agreement.
2. **Cancellation** - I/we may cancel this authorization at any time by providing written notice to the Town of Radville.
3. **Delivery of Authorization** - Providing this signed form to the Town of Radville is the same as providing it directly to my/our financial institution.
4. **Contract for Services** - Cancelling this payment authorization does not cancel any amounts owing for taxes or services.
5. **Change of Banking Information** - I/we will provide written notice of any account changes before the next scheduled withdrawal.
6. **Rights of Dispute** - I/we may request a refund within 90 days if:
 - I/we never authorized the payment,
 - The payment was not taken according to this agreement,
 - This agreement was revoked, or
 - The payment was taken from the wrong account due to incorrect account details.
 A written declaration must be given to my/our financial institution.
7. **Privacy-** Personal and banking information will only be used for processing property tax payments as permitted by law.

7. Authorization

I (we) hereby authorized the Town of Radville to draw on my/our account with the afore-mentioned financial institution, for the following purpose:

- A debit in electronic form in the amount of \$ _____ will be drawn on my (our) account on the **10th of each month**.
- Enrollment or changes must be received by the **15th of the month** to be effective for the next withdrawal.
- Cancellations received after the deadline will take effect the following month.
- Any amounts owing after cancellation must be paid by the due date to avoid penalties.
- The Town of Radville will advise me/us in writing of the revised amount in advance of its effective date.
- The following Fee will be charged when a payment by cheque or direct deposit is dishonored: \$25.00 per dishonored item. (After 2 dishonored payments the Town of Radville reserves the right to remove you from the program)

Signature(s): _____ **Date:** _____

Signature(s): _____ **Date:** _____