



APPLICATION FOR PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT

Customer Information (Please print clearly)		
Roll Number	Legal Description	
Name (s)	Business Telephone	Home Telephone
Mailing Address		

Bank Account Information	
Deposit Account Number:	_____
Financial Institution Number:	_____
Branch Number:	_____
Type of Service:	Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/>
Financial Institution Name:	_____
Branch Address:	_____
<p>I/We the Applicant(s) authorize my/our bank to debit my/our account for the monthly tax instalment payment payable to Lac La Biche County on the first day of each month as payment in part of the taxes for the above named property.</p> <p>I/We acknowledge there may be increased in the amount of the instalment payment on July 1st each year as a result of Lac La Biche County's annual tax levy. Notification of any changes will be detailed on the annual Tax/Assessment Notice.</p> <p>I/We may revoke my authorization at any time, subject to providing notice by the 15th of the month preceding the next payment date. I/We may obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution.</p> <p>I/We have certain recourse rights if any debit does not comply with agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consisted with the PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution.</p>	

Applicant's Signature(s)	Date
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Agreement Calculation	
Current Levy \$ _____ /	months = Amount of Instalment Payment \$ _____

Please attach a void cheque to the agreement and mail to:

Lac La Biche County
PO Box 1679
Lac La Biche, AB
TOA 2C0

TERMS & CONDITIONS: See attached Page