

# The Municipality of Grey Highlands

206 Toronto St. S., Unit 1, Markdale, ON N0C 1H0

Telephone 519-986-2811

P.O. Box 409, Markdale, ON N0C 1H0

Fax 519-986-3643

email: [info@greyhighlands.ca](mailto:info@greyhighlands.ca)

## Pre-authorized Payment Authorization

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Roll Number(s) \_\_\_\_\_

I (We) authorize the Municipality of Grey Highlands to process a debit, in paper, electronic or other form in the amount of:

**Fixed amount \$ \_\_\_\_\_ on my(our) account on the last business Day of each month beginning (Date) \_\_\_\_\_**

This amount may be increased/decreased at a future date as agreed to in writing by me (us). The Municipality of Grey Highlands will to the best of their abilities advise me (us) in writing of the revised amount in advance of its effective date.

OR

**Variable amount “ \$X ” [variable payment amount “\$X” being the two instalment amounts as stated on the interim tax notice and the two instalment amounts as stated on the final tax notice mailed to me (us)] on my(our) account on the due date of the tax instalments beginning (Date) \_\_\_\_\_**

I(We) acknowledge that I(we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I(we) have received a copy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*PLEASE ATTACH A COPY OF YOUR VOID CHEQUE\*\*\***

# THE MUNICIPALITY OF GREY HIGHLANDS PRE-AUTHORIZED PAYMENTS - TERMS AND CONDITIONS

"I(We) acknowledge that this Authorization is provided for the benefit of the Payee and Processing Institution and is provided in consideration of The Municipality of Grey Highlands agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association."

"I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement attached."

"I(We) hereby authorize The Municipality of Grey Highlands to draw on my (our) account number \_\_\_\_\_ with \_\_\_\_\_ (Processing Institution) for the following purpose"

"This authorization may be cancelled at any time upon notice by \_\_\_\_\_ (payor). I (we) acknowledge that in order to revoke this authorization, I (We) must provide notice of revocation to The Municipality of Grey Highlands."

"I(We) acknowledge that provision and delivery of this authorization to The Municipality of Grey Highlands constitutes delivery by the payor to Processing Institution. Any delivery of this authorization to you constitutes delivery by Payor."

I(We) undertake to inform The Municipality of Grey Highlands, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD".

I(We) acknowledge that the Processing Institution is not required to verify that PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount."

"I(We) acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by a PAD issued or caused to be issued by The Municipality of Grey Highlands on the Payor's account."

"Revocation of this authorization does not terminate any contract for goods or services that exists between the payor and The Municipality of Grey Highlands. The Payor's authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged."

"A PAD may be disputed by a Payor under the following conditions:

1. The PAD was not drawn in accordance with the Payor's Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either 1, 2, or 3 took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal household PAD (or up to and including 10 business days in the case of a business PAD), after the date of which the PAD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after 90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD.