



East St. Paul T.I.P.S. Application Form

Unit 1 - 3021 Birds Hill Road, East St. Paul, MB R2E 1A7

Ph: (204) 668-8112

Fax: (204) 668-1987

Pre-Authorized Debit Agreement (Payor's PAD Agreement)

New Authorization: ☐

Cancellation Notice: ☐

Change to Existing: ☐

Payee Information: Credit (Transfer to)

Account Holder(s) (the "payee"): The Rural Municipality of East St. Paul

Address: 3021 Birds Hill Road, East St. Paul, MB R2E 1A7

Payor Information: Debit (Transfer from) Please notify the payee immediately of any changes to account information

Account Holder(s) (the "payor"):

Address: _____

Phone Number: _____

Financial Institution (processing institution):

Address: _____

Roll Number: _____

Account Information: Route: _____ Transit: _____ Account: _____

ATTACH VOIDED CHEQUE HERE

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor 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.

Signature of Payor

Date

Signature of Payor

Date

Note: If only one signature is required for the account, then only one Payor need sign. However if two or more signatures are required then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS)

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.

Signature of Payor

Date

Signature of Payor

Date

CANCEL PAYMENT (15 days notice is required **before** the next PAD will be issued. Cannot exceed 30 days)

Signature of Payor

Date

Signature of Payor

Date

Terms and Conditions:

1. The withdrawals are made on the 15th of each month except in cases where the 15th falls on a weekend or a holiday, the withdrawal will be made on the next business day following the 15th.
2. Any payments withdrawn from the account that are dishonored by the Payor's financial institution by reason of non-sufficient funds, stop payment, account closed etc., will entitle the Payee to remove Payor from the Tax Installment Plan without prior notice.
3. Any payments that are dishonored by the Payor's financial institution due to non-sufficient funds will incur a \$25.00 NSF fee, which will be added to the applicable tax roll and will be due and payable by the Payor.
4. Monthly payment amounts from July to December will automatically be adjusted in accordance with any increase in the municipal tax rate as indicated on the property tax bill.
5. Any amount left owing on the Payor's tax account as of the 15th of December each year, will automatically be withdrawn from the Payor's account on that day.
6. All Property tax levies, current and arrears, and including any supplementary tax levies, or other charges and transfers must be paid in full prior to the ignition of the Tax Installment Payment Plan Service (TIPPS).
7. New Charges for supplementary taxes and omitted assessments (for improvements or new construction) or outstanding charges added to the tax roll (throughout the year) will be included in the plan and on Oct. 15 the adjusted figure will be processed. Supplementary taxes are due Dec. 31, which will result in an adjustment in your tax account on Oct. 15.
8. The Payor is responsible to advise the Payee, **in writing by the 1st of the month**, of any changes required in that month (i.e. Payor information, account information, cancellation of Plan).
9. DEADLINE for T.I.P.P.S is January 15th; any applications received after that date, will require a lump sum "catch up" payment.
10. I/We hereby authorize Payee, in accordance with the terms of my/our account agreement with Processing 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.
11. Particulars of the Account that Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this authorization.
12. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of the PAD.
13. This Authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/own identity within the specific number of days before the next PAD is to be issued as noted on Page 1, Cancel Payment section. I/we acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting www.cdnpay.ca.
I/we acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact the Payee at the telephone number or address set out in this Agreement.
14. Revocation of this Authorization does not terminate any contract for goods or services that exist between me/us and Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
15. I/We acknowledge that provision and delivery of this Authorization to Payee constitutes delivery by me/us to Processing Institution. Any delivery of this Authorization to Payee constitutes delivery to the Payor.
16. If this Authorization is for fixed or variable amount business, personal or funds transfer PADs recurring at set intervals, 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, or unless the change in the amount of any such PAD will occur as a result of my/our direct action (such as, but not limited to, telephone instructions or other remote measures), I/we acknowledge, I/ we will receive:
 - (a) with respect to fixed amount business or personal PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD, and such notice will be received every time there is a change in the amount or the payment date(s); or
 - (b) with respect to variable amount business or personal PADs, written notice from the Payee 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
 - (c) with respect to business, personal or funds transfer PADs, at least 10 calendar days written notice from the Payee 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 other form of representing or reproducing words in visible form, which, if I/we have provided an e-mail address to the Payee, includes an electronic document. The amount of pre-notification provided will change when there is a change in the pre-notification requirements contained in the CPA Rules.
17. If this Authorization provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared. I/we agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
18. I/we acknowledge that Processing 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.
19. I/we acknowledge that Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or cause to be issued by Payee on the Account.
20. I/we acknowledge that, if this Authorization is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed but 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 further 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 Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
21. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
22. I/We acknowledge and agree that if this Authorization is for funds transfer PADs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
23. Unless this Authorization is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.cdnpay.ca.
24. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
25. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds account of the Payee 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 Canadian Payments Association.