

Please Return to:
Tax Department
Municipality of Greenstone
1800 Main St, P.O. Box 70
Geraldton, ON POT 1M0



For more information:
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CUSTOMER AGREEMENT & AUTHORIZATION FORM

PRE-AUTHORIZED DEBIT (PAD) PLAN FOR THE MUNICIPALITY OF GREENSTONE
PROPERTY TAXES MUST BE UP-TO-DATE TO BE ELIGIBLE FOR ONE OF THE PAYMENT PLANS

STEP ONE - PLEASE SELECT A PLAN:

INSTALMENT ONLY PLAN
Withdrawn on each of the tax
instalment due dates

SEMI-ANNUAL LUMP SUM PLAN
Total amount of bill withdrawn on the
first instalment date of each bill

MONTHLY BUDGET PLAN
Twelve (12) Payments
January - December
Last banking day of the month

REQUESTED PLAN START DATE

____/____/____
Month Year

STEP TWO - PROPERTY AND TAXPAYER INFORMATION: (PLEASE PRINT)

Roll Number: 58 - 76 - ____ - ____ - ____ - ____ - ____ - ____ - 0000

Municipal Address of Property: Assessed _____

Owner's Name(s): _____

This application is made on behalf of: ☐ A Person ☐ A Business

Owner's Mailing Address: _____

(City)

(Province)

(Postal Code)

Owner's and Contact's Email Address: _____

Owner's and Contact's Telephone Number: (____) - ____ - ____ - ____ - ____ - ____

STEP THREE - PLEASE ATTACH A VOID CHEQUE OR BANK LETTER CLEARLY INDICATING THE INFORMATION BELOW:

102 80246 003 002006:082

Branch Transit # (5 digits)

Financial Institution # (3 digits)

Bank Account #

I/We authorize the Municipality of Greenstone, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments or one time payments from time to time, for payment of all charges arising under my/our Municipality of Greenstone Property Tax account(s). Regular monthly payments will be debited on the last business day of each month. Instalment plan customers will have their payments debited on the instalment due date. The Municipality of Greenstone will provide written notice of the amount for the debit in advance of the debit date(s). This authorization remains in effect until the Municipality of Greenstone Tax Department has received written notification from me/us of its change or termination. This notification must be received in writing at least 10 days prior to the next scheduled debit. I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to reimbursement for any PAD that is not authorized or is inconsistent with this PAD agreement. To obtain further information I/we may contact my/our financial institution or visit www.payments.ca.

STEP FOUR: If multiple signatures are required to issue a cheque or authorize a debit on the bank account being used for the PAD plan, please ensure they all sign below. The Debit Account provided must be in the Account Holder's name or in the Applicant's name listed on the PAD agreement.

Authorized Signature(s) _____ Date: _____

Authorized Signature(s) _____ Date: _____

Personal information is being collected and will be used to administer the pre-authorized debit (PAD) plan for the tax payments program. Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. If you have questions about the collection, use or disclosure of this personal information please call 807-854-1100 ext. 2022 or email norm.kristjanson@greenstone.ca