

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

The Township of Admaston/Bromley offers a Pre-Authorized Debit Plan (PAD) for the payment of property taxes.

****Taxpayers who wish to enroll in the plan must pay all taxes in full prior to the application****

The plan will consist of twelve equal monthly payments, based on the previous year's tax levy. While on the Pre-Authorized Debit Plan the taxes are exempt from the township's penalty of 1.25% on any outstanding taxes.

When final taxes are levied, the monthly amount will be adjusted, in order to pay the account in full by the end of the year.

Please fill out our Pre-Authorized Debit Plan (PAD) form on our website.

(admastonbromley.com/finance)

Completed forms can be submitted in person at the office (477 Stone Rd.) or by email (info@admastonbromley.com).

For more information please call the office at (613)432-2885.

NOTE: If there is a supplementary tax bill they are to be paid SEPERATELY from the PAD amount and must be paid by the due date indicated.



477 Stone Road
Renfrew, ON K7V 3Z5
Email: info@admastonbromley.com
Phone: 613-432-2885
Fax: 613-432-2886

Pre-Authorized Debit (PAD) Agreement

The Township of Admaston/Bromley offers a Pre-Authorized Debit Plan for the payment of property taxes. Taxpayers who wish to enroll in the plan must pay all taxes in full prior to the start of the plan.

The plan will consist of monthly payments based on the previous year's tax levy. The plan will be adjusted when the final taxes are levied in order to pay the account in full by the end of the year.

****NOTE**** If you receive a supplementary tax bill you are responsible for paying it. It will be included in the monthly PAD amount and must be paid by the due date indicated.

Customer Information (please print clearly)

Name(s): _____
Property Location: _____
Roll Number: _____
Mailing Address: _____
Telephone Number: _____
Email Address: _____

Bank Account Information

Please attach a Void Cheque or Direct Deposit form showing the correct bank account information. Payments are withdrawn from the correct bank account.

Account Number _____ Branch _____
Pre-Authorized Debit (PAD) Details (OFFICE USE ONLY)

Start Date: _____ Amount: _____

I/we have read and understand the terms of the Pre-Authorized Debit Plan and agree to debit my/our bank account for the amount of _____ of each month or following business day. This authorization may be cancelled at any time by written notice to the Township of Admaston/Bromley, in writing. A \$45.00 NSF fee will be applied to your account if a payment is not made. Admaston/Bromley reserves the right to cancel the plan at any time.