The MUNICIPALITY OF EAST HANTS (MEH) and the EAST HANTS WATER UTILITY (EHWU) offer a Pre-Authorized Debit (PAD) Program for your convenience.

Pre-Authorized Debit (PAD) Program

As a budgetary tool, we offer the option of paying your tax and/or water bills directly from your bank account by enrolling in our Pre-Authorized Debit Program. Any balance owing past the due date will be subject to interest charges and other remedies in accordance with established policies and procedures.

The following options are offered for your convenience:

- Total due can be withdrawn on the Invoice Due Date.

- A specific amount to be withdrawn on the 1st **OR** 15th of each month.

- A specific amount to be withdrawn on **BOTH** the 1st **AND** 15th of each month.

(Please note that interest is not paid on credit amounts accumulated in your tax or water account)

Forward your completed **Pre-Authorized Debit (PAD) Program Enrollment Form** *(see reverse)* to the municipal office in Elmsdale *(see address below)*. Forms must be received at least fifteen (15) business days prior to the first withdrawal.

A separate form is required for each tax account and water account.

Please note that your tax / water account balance must be $0.00 prior to enrolling in the PAD program.

NOTE: Cheques or PAD payments rejected by your financial institution will be subject to service charges as established from time to time by the MEH or the EHWU; this is in addition to any service charges applied by your financial institution.

How to Contact Us …

In Person   *(Monday-Friday, 8:30am-4:30pm)*
15 Commerce Court
Elmsdale, NS
B2S 3K5

Mail   230-15 Commerce Court
Elmsdale, NS
B2S 3K5

Telephone   902-883-2299

Toll Free   1-866-758-2299

Fax   1-888-684-5912

Email   finance@easthants.ca

Online   easthants.ca

To ensure prompt and accurate information and/or payment processing in relation to your property tax and /or water account, please provide your name, address, and account number in all communications.

Address: 230-15 Commerce Court, Elmsdale, NS, B2S 3K5   **Phone:** 902-883-2299   **Toll Free:** 1-866-758-2299
finance@easthants.ca   easthants.ca

Customer Information *(select ONLY one box below): Separate enrollment forms must be submitted for each Tax and Water account*
☐ Property Tax Account   ☐ Water Utility Account   SAP Account # (as it appears on bill) _____

Name *(as it appears on tax / water billing)* _____

Daytime Phone # _____   Email _____

Banking Information *(complete this section and attach a cheque marked "VOID")*   ☐ Chequing   ☐ Savings

Name of Financial Institution _____

Address of Financial Institution _____

Financial Institution # *(3 digits)* _____   Branch Transit # *(5 digits)* _____   Bank Account # _____

☐ Business Account   ☐ Personal Account

Pre-Authorized Payment Details *(select ONLY one box below)*

☐ 1st of each month $ _____   Beginning the 1st of _____ *(month/yr.)*

☐ 15th of each month $ _____   Beginning the 15th of _____ *(month/yr.)*

☐ 1st & 15th of each month $ _____   Beginning the 1st or 15th of _____ *(month/yr.)*

☐ Tax Bill Due Date (**June 1st & October 1st, or as noted on the tax invoice**)   ☐ Water Bill Due Date (**Quarterly**)

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

1. I/We authorize the MUNICIPALITY OF EAST HANTS (MEH) for property tax accounts and the EAST HANTS WATER UTILITY (EHWU) for water utility accounts and the financial institution designated above to begin deductions as per my/our instructions specified above, for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our property tax account or water account.

2. The MEH or the EHWU will obtain my/our authorization for any other one-time or sporadic debits.

3. This authority is to remain in effect until the MEH or the EHWU has received written notification from me/us of a change or termination. Notification must be received at the municipal office in Elmsdale, NS, at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

4. The MEH or the EHWU may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

5. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

6. The MEH or the EHWU will provide, for fixed amount PAD's, written notice of the amount to be debited and the due date(s) of debiting, at least ten(10) calendar days before the due date of the first PAD, and such notice shall be received every time there is a change in the amount or payment date(s); or with respect to variable amount PADs, written notice from the Payee of the amount to be debited and the due date(s) or debiting, at least ten(10) calendar days before the due date of every PAD.

7. Revocation of this authorization does not terminate any contract for goods and services that exists between me/us and the MEH or the EHWU. My/our authorization applies only to the method and does not otherwise have any bearing on the contract for goods or services exchanged.

8. I/We understand that PAD payments rejected by my/our financial institution will be subject to service charges as established from time to time by the MEH or the EHWU, and may result in cancellation of my/our participation in the PAD Program.

I/We hereby authorize the MUNICIPALITY OF EAST HANTS (for tax accounts) or the EAST HANTS WATER UTILITY (for water accounts) and the financial institution indicated above to release funds for payment under the terms and conditions of this request and as indicated above.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Signature _____   Signature _____
(Account Holder)   (Joint Account Holder *if applicable*)

Name *(please print)* _____   Name *(please print)* _____

Date *(please print)* _____   Date *(please print)* _____