



SIoux LOOKOUT

Hub of the North

The Corporation of the
Municipality of Sioux Lookout
25 Fifth Avenue, P.O. Box 158
Sioux Lookout, Ontario • P8T 1A4
Telephone: (807) 737-2700
Facsimile: (807) 737-3436
www.siouxlookout.ca

Finance Department

PROPERTY TAX

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.

I/We authorize the Municipality of Sioux Lookout, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Sioux Lookout Municipal account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the due date each month. The Municipality of Sioux Lookout will provide at least 10 days written notice of the amount of each regular debit. The Municipality of Sioux Lookout will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Municipality of Sioux Lookout has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

The Municipality of Sioux Lookout may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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

PLEASE PRINT

CUSTOMER INFORMATION

Name(s): _____ Roll # 6034 _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: (Bus) _____ (Res) _____

BANK ACCOUNT INFORMATION

Deposit Account #: _____ Bank Transit # _____

Financial Institution #: _____ Chequing Account ___ Savings Account ___

Financial Institution: Name _____ Address _____

Payment Date _____ Frequency _____ Amt # _____ Plan ID _____

Signature of Account Holder: _____ Signature of Joint Account Holder (if applicable): _____

(Signature)

(Signature)

Name: _____
(Please print)

Name: _____
(Please print)