Town of Diamond Valley

Box 10, Diamond Valley, AB TOL 0H0 403-933-4348

info@diamondvalley.town www.diamondvalley.town

Cancel / Change Authorization Pre-Authorized Payment Plans Taxes (TIPP Program)

Tax Roll #
Customer ID #
Date of Notice:
Effective Date:

Resident (Payor) Information								
Name:						Phone:		
Residential / Civic Address:						Alt Phone:		
Mailing Address:								
Payor's Financial Information - Taxes								
I am currently enrolled in the Pre-Authorized Payment Plan for □ Taxes and would like to Cancel □ or Change □ this Authorization.								
If Change, Payor's old financial institution:								
If Change, Payor's new financial institution:								
Fina	anc	ial institution addı	ess:					
Bank No. B			Bank Transit No.	Account No.		Void Cheque Attached: Yes □ No □		
Town of Diamond Valley (Payee) Information								
Nam	ne c	of Payee: TOWN	OF DIAMOND VALLEY	Phone: 403-933-4348		Email: info@Diamondvalley.town		
Resi	der	ntial / Civic Address	: 301 Centre Avenue W,	Diamond Valley, AB	Mailing Add	dress: Box 10, Diamond Valley AB T0L 0H0		
Authorization Agreement								
1. I/ We acknowledge that the Authorization is provided for the benefit of the Town of Diamond Valley and the Processing Institution and is provided in consideration of the Processing Institution agreeing								
2.	to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association. I / We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.							
3.								
4.								
5.	I / We acknowledge that provision and delivery of the Authorization to the Town of Diamond Valley constitutes delivery by me / us to the Processing Institution. Any delivery of the Authorization to the Town of Diamond Valley, regardless of the method of delivery, constitutes delivery by me / us.							
6.								
	a. with respect to fixed amount pre-authorized debits, written notice of the amount to be debited (the "payment amount") and the dates(s) on which the payment amount debited will be posted to my/our account (the "payment date"), at least 10 (ten) calendar days before the payment date of the first pre-authorized debit, and such notice shall be provided every time there is a change in the payment amount or the payment date(s);							
	b. with respect to variable amount pre-authorized debits, written notice of the payment amount and the payment date(s), at least 10 (ten) calendar days before the payment date of every pre-authorized debit; and							
	c. with respect to a pre-authorized debit plan that provided for the issuance of a pre-authorized debit in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Town of Diamond Valley to issue a pre-authorized debit in full or partial payment of a billing received by me / us for a payment obligation that meets the requirements of Section 2 of Rule H1, no notice is required.							
7.	•							
8.	I. I / We acknowledge that the Processing Institution is not required to verify that a pre-authorized debit has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the pre-authorized debit was issued has been fulfilled by the Payee as a condition to honoring a pre-authorized debit issued or caused to be issued by the Town of Diamond Valley on the Account.							
9.	Revocation of the Authorization does not terminate any contract for goods or services that exists between me / us and the Town of Diamond Valley. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.							
10.								
11.								
	a. the pre-authorized debit was not drawn in accordance with the Authorization;b. the Authorization was revoked; or							
	c. pre-notification, as required under Section 6, was not received.							
12.	12. I / We have attached a specimen cheque marked "VOID" or bank identity document to this Payor Authorization (the "Authorization").							
13.								
14.								
15. I / We understand and accept the terms of participating in this pre-authorized debit plan and agree to be bound by its terms. I / We hereby confirm that the information contained in this form is true and correct to the best of my/our knowledge.								
Name (Printed):								
Aut	Authorized Signature:					Date Signed:		
**Authorized Signature:								
** For Joint Accounts where more than one signature is required on cheques, all required signatures must be provided.								