

**Pre-Authorized Debit (PAD) Agreement  
Property Tax Equalized Payment Plan (EPP)  
Deadline: May 31st**

**Homeowner Information (Please Print Clearly)**

Assessed Owner's Name: \_\_\_\_\_  
(Please print exact name as it appears on your Real Property Tax bill)

Property Account Number: \_\_\_\_\_ (must be your principal residence)

I/We certify that the above Property Account does not have arrears: (i.e. not including current year taxes)

Daytime Contact Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Language Preference:  English  French

**Banking Information**

**\* MUST ATTACH VOID CHEQUE**

Bank Account Type:  Personal  Business

Select a date between the 15<sup>th</sup> and the last day of the month:  
Monthly withdrawal to start on the \_\_\_\_\_ day of the month

I/We hereby authorize the PROVINCE OF NEW BRUNSWICK and the financial institution indicated on the enclosed "void" cheque to begin monthly withdrawals from the account identified above for payment of property taxes under the EPP.

I/We warrant and guarantee that the signatures of all persons required to sign on this account appear below.

**Terms and Conditions**

- This authorization may be cancelled at any time upon notice by me/us. I/We acknowledge that, in order to revoke this authorization, I/we must provide notice of revocation to the PROVINCE OF NEW BRUNSWICK at least 30 days prior to the next withdrawal date. To obtain more information on cancellation rights or to acquire a cancellation form, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)*
- I/We undertake to inform the PROVINCE OF NEW BRUNSWICK, in writing at least two weeks prior to the next withdrawal date of the PAD, of any change in the account information provided in this authorization.*
- I/We understand that if my/our Pre-Authorized Debit is returned due to returned payments, the missed monthly payment will be added to the next month's payment. I/We waive my/our rights to receive pre-notification of the amount of the PAD and further agree that I/we do not require advance notice of the amount of PADs before the debit is processed.*  
*I/We further understand that a service charge of \$25.00 will apply to all returned payments. I/ We understand that two (2) consecutive returned payments PADs will result in the cancellation of my/our participation in the EPP with all taxes becoming due and payable and subject to penalty.*
- It is understood that 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 debit that is not authorized or is not consistent with the Pre-Authorized Debit Agreement. To obtain more information on your recourse right, you may contact your financial institution or visit "[www.cdnpay.ca](http://www.cdnpay.ca)".*

**The personal information on this form is being collected under the authority of the Real Property Tax Act, and will be used for the purposes of setting up the pre-authorized payment of property tax, and for necessary administration of this authorization. If you have any questions regarding the collection and use of this information, please contact the Manager, Tax Accounting, Department of Finance, P.O. Box 3000, Fredericton, NB E3B 5H1. Phone: 1-800-669-7070 or e-mail: [wwwfin@gnb.ca](mailto:wwwfin@gnb.ca).**

**I/We have read and agreed to the terms & conditions listed above**

\_\_\_\_\_  
Signature of Bank Account holder:

\_\_\_\_\_  
Signature of joint Account holder (if applicable):

\_\_\_\_\_  
Name: (please print)

\_\_\_\_\_  
Name: (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date