

	<b>FCS – Pre-Authorized Payments for Commercial Properties</b>	<b>Finance and Corporate Services</b>
	<b>Pre-Authorized Payments for Commercial Properties</b>	
Property Information		<b>SECTION 1</b>
Property Location _____ Account # _____ Parcel ID # _____		
Applicant Information		<b>SECTION 2</b>
Owner Name _____ Mailing Address _____ Postal Code _____ Email _____ Telephone (home) _____ Telephone (work/cell) _____		
Banking Account		<b>SECTION 3</b>
Bank Account is a:            Personal Account            Business Account  A void cheque or authorization form from bank showing bank account and branch number <u>MUST</u> be attached to the completed form.		
Payment Details		<b>SECTION 4</b>
Monthly Withdrawal Amount _____ Month to Begin (mm) _____  Date of Withdrawal:            15 <sup>th</sup> of each month            26 <sup>th</sup> of each month            30 <sup>th</sup> of each month		

Applicant Declaration

**SECTION 5**

I /We authorize the City of St. John’s and the financial institution designated (or any other financial institution I/we may authorize at any time by giving ten (10) days written notification) 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 City of St. John’s account.

Regular monthly payments will be debited to my/our specified account on the same date each month as indicated above. The City of St. John’s will provide ten (10) days written notice of the amount of each regular payment (\*\* only 5 days if the 15th is chosen as a withdrawal date). The City of St. John’s will obtain my/our authorization for any other one-time or sporadic payments.

This authority is to remain in effect until the City of St. John’s has received written notification from me/us of its change or termination. This change of information or termination notification must be received by the City at least ten (10) business days before the next payment is scheduled at the address provided below. I/We may obtain a sample cancellation form or more information on my/our right to cancel a PAP Agreement at my/our financial institution or by visiting [www.canpay.ca](http://www.canpay.ca).

The City of St. John’s 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. I/We have certain recourse rights if any payment does not comply with this Agreement. For example, I/we have the right to receive reimbursement for any PAP that is not authorized or is not consistent with this PAP 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 or visit [www.canpay.ca](http://www.canpay.ca).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature 2 (if applicable)

\_\_\_\_\_  
Date (yyyy-mm-dd)

Privacy Notice

**SECTION 6**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to facilitate pre-authorized payments. Questions about the collection and use of the information may be directed to Finance and Corporate Services, Revenue Accounting Division, 709-576-8251.

Please send completed form to:

Revenue Accounting  
10 New Gower Street  
PO Box 908  
St. John’s, NL A1C 5M2  
or  
Email: [taxation@stjohns.ca](mailto:taxation@stjohns.ca)

For further information:  
Phone: 709-576-8251  
Email: [taxation@stjohns.ca](mailto:taxation@stjohns.ca)



NEWFOUNDLAND AND LABRADOR, CANADA