

	FCS – Pre-Authorized Payments for Residential Properties	Finance and Corporate Services
	Pre-Authorized Payments for Residential Properties	
Property Information		SECTION 1
Property Location _____ Account # _____ Parcel ID # _____		
Applicant Information		SECTION 2
Owner Name _____ Mailing Address _____ Postal Code _____ Email _____ Telephone (home) _____ Telephone (work/cell) _____		
Banking Account		SECTION 3
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		SECTION 4
Monthly Withdrawal Amount _____ Month to Begin (mm) _____ Date of Withdrawal: 15 th of each month 26 th of each month 30 th of each month Withdrawal Amount Indicated is: Interest Free Payment Plan As per Owner & City of St. John's Account Representative		
Late, missed, or defaulted payments will result in termination of your Interest Free Payment Plan. In the event of termination, your account will be subject to interest and a revised payment schedule will be forwarded to you.		

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.

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.

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 St
PO Box 908
St. John’s, NL A1C 5M2
or
Email: taxation@stjohns.ca

For further information:
Phone: 709-576-8251
Email: taxation@stjohns.ca