



2001, boul de Rome
Brossard (Québec) J4W 3K5
Services Brossard : 450 923- 6311
services@brossard.ca

REQUEST FOR A PRE-AUTHORIZED PAYMENT AGREEMENT

☐ Modification☐ Membership

PROPERTY (see on your annual municipal tax bill)

Type of service (category) :

☐ Personal☐ Company

FILE NUMBER:

0

0

PROPERTY ADDRESS:

TERMS OF THE AGREEMENT

I authorize the City of Brossard to make periodic withdrawals from my bank account designated below and in the manner outlined in this application. The amounts of payments for 2023 are indicated on your tax account. Please indicate your choice of levy at the bottom of this application. The amount of withdrawals pre-authorized for subsequent years will be indicated on your annual municipal tax bill.

This authorization will remain in effect until the City of Brossard has received from me a notice of **modification or cancellation**. This notice must be received by the City of Brossard at least 10 days prior to the due date of the next installment. Those forms are available on the website at: www.brossard.ca or at the city at Services Brossard counter. You can obtain information regarding your right to cancel at your financial institution or by visiting www.cdnpay.ca.

You have recourse if any withdrawal does not comply with this agreement. For example, you have the right to receive a refund for any withdrawal that is not authorized or is not consistent with this PAP agreement. For more information on your right to contest, contact your financial institution or visit www.cdnpay.ca.

I agree that the information contained in my application to join the direct withdrawal are communicated to the financial institution to the extent that disclosure is directly related and necessary for the proper implementation of the rules on rates preauthorized.

ACCOUNT HOLDER AND INFORMATIONS OF THE FINANCIAL INSTITUTION

Surname(s) and name(s) of account holder(s)

Civic no. And street

Apt.

City

Postal code

Phone no. (day)

Phone no. (other)

Email

Name of financial institution

Institution No.

Branch No.

Account No.

999 12345 123 12345 67
No de succursale Branch no. No d'institution Institution no. No de compte Account no.

AUTORIZATHION OF WITHDRAWN

I accept the terms of the agreement (above) and I authorize the City of Brossard to make periodic withdrawals from my bank account in my choice below and on the following terms :

☐ 4 payments on the dates and amounts as indicated on the annual municipal tax bill
ou

☐ 12 pre-authorized monthly payments in the amounts indicated on the annual municipal tax bill (included interests and penalties)
The monthly payments will be withdrawn from my account on the due date of the first payment and on the same date each month thereafter.

Monthly payments

I understand that the amount of the levies indicated in the right section is that of the membership year . The amount of withdrawals allowed for subsequent years will be shown on the annual municipal tax bill .

Amount of levies

\$ _____ , _____

Interest/Penalty cost included

\$ _____ , _____

NOTE that this agreement covers only the annual municipal tax . Any other invoice must be paid separately.

SIGNATURE (S)

Signature of account holder

Signature of joint account holder
(when two signatories are required)

Date (YYYY-MM-DD)

TRANSMISSION - BROSSARD ONLY AT SERVICE COUNTER

To process your membership agreement , be sure to submit your completed application and following documents no later than January 27 2023:

- This signed form (original)
- A blank check marked « Void »