



# TOWN OF WADENA

## Pre-Authorized Debit Plan Agreement

By enrolling in the Pre-Authorized Debit Plan you authorize the Town of Wadena to automatically withdraw money from your financial institution to pay for your taxes and/or utilities. You will continue to receive your bill for your records.

### Plan Options

#### For Taxes

1. Equalized Payment – The system will automatically calculate the monthly payments from January – June based on the previous year’s levy then it will recalculate after the current’s year levy has been processed. Once the balance is zero, the system will stop taking payments until the start of the next year.
2. Full Amount – The full outstanding tax amount will be paid in one payment to be done after the current year’s levy processing. Deduction will be set in July 16th to give maximum discount. This option is not available if there is an arrears balance.

#### For Utilities

1. Equalized Payment – Based on the previous year’s billing, the average monthly billing amount will be collected in equal payments each month for 11 months. In December, if there is a difference between the actual billings that have occurred in the previous year and the total of the equalized payments, either the difference will be deducted or the account will have a credit. Credits will be applied to the normal monthly payment for the 12 month and subsequent months if necessary, until used up.
2. Full Amount – Each time the account is billed, the balance on the account will be collected in a single payment, typically, typically 30 days after the bill is issued.

**To Apply:** Fill in the form at the back and return this to the Town of Wadena with a void cheque. Please write VOID in ink with large letters across the face of the cheque.

**Missed Payments:** If funds are not available when payment is to be withdrawn, your financial institution will try again within the next seven business days. If funds are still not available, the Town of Wadena will apply a Bank Service Charge to your account. You will receive written notification of the bank returned item and a request to pay the amount. If you miss a payment, the Town of Wadena has the option to remove you from direct debit and request full payment of your total outstanding utility bill plus any penalties.

**If you change banking information:** You must notify the Town of Wadena in writing and provide a “void” cheque showing the new account number. To ensure your withdrawal is taken from the new account, we must receive your new banking information one week before the next payment is due.

**To Cancel the Plan:** Notify the Town of Wadena at least one week before your next payment is due, either in person, by mail or email through a letter expressing your intent to cancel your plan.

By signing below, I hereby attest that I have read and understood this Pre-Authorized Debit Plan Agreement with the Town of Wadena.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

**Send to:** Town of Wadena  
Box 730  
Wadena, SK S0A 4J0

**Fax:** (306) 338-3804  
**Email:** wadenuilities@sasktel.net



# TOWN OF WADENA Pre-Authorized Debit Plan Application

## APPLICANT'S INFORMATION:

Customer(s) Name: \_\_\_\_\_  
*For a joint account, include all names.*

Please check one:

- Property Owner  
 Tenant

Contact Details: \_\_\_\_\_  
*Mailing Address* *Home / Cell Phone #*

Email Address: \_\_\_\_\_ Would you like us to use your email for e-notices? \_\_\_\_\_

## PROPERTY/SERVICE ADDRESS:

- |          |                  |                 |
|----------|------------------|-----------------|
| 1. _____ | Tax Roll # _____ | Account # _____ |
| 2. _____ | Tax Roll # _____ | Account # _____ |
| 3. _____ | Tax Roll # _____ | Account # _____ |

## PLAN OPTION: *(Please check one)* See reverse for more information

Tax

- Equalized Payment  
 Full Amount

Utility

- Equalized Payment  
 Full Amount

## CONSENT FOR PRE-AUTHORIZED PAYMENT

I hereby acknowledge that I have read the terms and conditions and state that the information contained herein is correct.

By enrolling, I authorize the Town of Wadena to automatically withdraw from my financial institution to pay for my taxes and/or utilities.

If my account is not paid in full at the time this application is processed, the balance owing will automatically be debited from my bank account.

Date: \_\_\_\_\_

Account Holder(s) Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

### Notes:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_