



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. 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 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Missed Payments: If funds are not available when payment is to be withdrawn, your financial institution will try again within the next seven business days.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 and/or tax levy 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: wadenafinance@sasktel.net



TOWN OF WADENA Pre-Authorized Debit Plan Application

APPLICANT'S INFORMATION:

Customer(s) Name: _____
For a joint account, include all names.

Contact Details: _____
Mailing Address *Home / Cell Phone #*

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

Please check one:
 Property Owner
 Tenant

PROPERTY/SERVICE ADDRESS:

	Tax	e.g. 0000123	Utility	e.g. 0009876 0000
1.	_____	Roll #	_____	Account # _____
2.	_____	Roll #	_____	Account # _____
3.	_____	Roll #	_____	Account # _____

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

Tax	Utility
<input type="checkbox"/> Equalized Payment	<input type="checkbox"/> Equalized Payment
<input type="checkbox"/> Full Amount	<input type="checkbox"/> 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: _____