

Tax & Water Account Payments

Pre-Authorized Bank Debit

The Cape Breton Regional Municipality offers its customers the ability to have their tax and water bill payment made by pre-authorized bank debit. Equal monthly payments are extracted from your bank account on a monthly basis. The payment withdrawal date may be either the 1st day or the 15th day of the month (or the next closest banking day).

PAYMENT AMOUNT: The customer may set the amount they wish to pay or consult with any of our revenue collection staff (Phone 902-563-5025) to help determine the appropriate payment to keep the account in current status.

NO INTEREST INCENTIVE for PROPERTY TAXES: Customers whose property taxes are in a current position (only current years taxes owing) may wish to have their current years taxes paid in 12 equal installments. CBRM will not charge interest on the current years taxes when this option is chosen. Please contact our Revenue Collection section at (902-563-5025) to confirm the required payment amount before completing the form.

FORM: Down load the form and complete it in its entirety. Incomplete forms will be returned. Be sure to enclose a VOID cheque. Forms may be mailed to:

**Cape Breton Regional Municipality
Financial Services Dept, Revenue Section
320 Esplanade
Sydney, NS
B1P 7B9**

Or they may be dropped off at any of our five Customer Service locations:

- ✓ 320 Esplanade, Suite 101, Sydney
- ✓ 2 Fraser Avenue, Sydney Mines
- ✓ 7495 Main Street, Louisbourg
- ✓ 3365 Plummer Avenue, New Waterford
- ✓ Senator's Place, 633 Main Street, Glace Bay

Financial Services Dept. Revenue Section offices are located at 320 Esplanade, Suite 103, Sydney, Nova Scotia. Our Business hours are 8:30 am to 4:30 pm Monday to Friday.

Cape Breton Regional Municipality
Pre-Authorized Payment Form Enrollment Request
(From Your Cape Breton Regional Municipality Billing Statement)

Account Name (First Line of Name)

Tax Account:

Payment Amt:

Water Account:

Payment Amt:

Please Provide the Following Banking Information:

Name and Branch of Financial Institution

Branch Address

Branch Transit Number

Payment Amount

Account Number

Start Date: 1st ____ mth _____ Yr.

15th ____ mth _____ Yr.

Be sure to include a VOIDED personal cheque.

I/We hereby authorize Cape Breton Regional Municipality and the financial institution indicated above to release funds for payment for monthly billing charges under the terms and conditions of this request and as indicated above.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

NAME (Please Print)

ADDRESS

PHONE

DATE:

Authorized Signature

Authorized Signature

Terms and Conditions:

1. This authorization may be cancelled at any time upon notice by me/us. We acknowledge that, in order to revoke this authorization, I/We must provide notice of revocation to Cape Breton Regional Municipality.
2. I/We acknowledge that provision and delivery of this authorization to Cape Breton Regional Municipality constitutes delivery by that bank/financial institution. Any delivery of this authorization to you constitutes delivery by me/us.
3. I/We acknowledge that this Authorization is provided for the benefit of Cape Breton Regional Municipality and any such bank/financial institution is provided in consideration of bank/financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.
4. Cape Breton Regional Municipality will provide, for fixed amount PADs, (Personally Approved Debit) written notice of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first PAD, and such notice shall be received every time there is a change in the amount or payment date(s); or, with respect to variable amount PADs, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every PAD.
5. I/We undertake to inform Cape Breton Regional Municipality, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.
6. I/We acknowledge that bank/financial institution is not required to verify that a PAD has been issued in accordance with the particulars of my/our authorization including, but not limited to, the amount.
7. I/We acknowledge that bank/financial institution is not required to verify that any purpose of payment for which the PAD is issued has been fulfilled by Cape Breton Regional Municipality as a condition to honouring a PAD issued or caused to be issued by Cape Breton Regional Municipality on my/our account.
8. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and Cape Breton Regional Municipality. My/our authorization applies only to the method and does not otherwise have any bearing on the contract for goods or services exchanged.
9. A PAD may be disputed by me/us under the following conditions:
 1. The PAD was not drawn in accordance with my/our Authorization; or
 - i. The authorization was revoked; or
 - ii. Pre-notification was not received.

I/We, in order to be reimbursed, acknowledge that a declaration must be completed and presented to the bank/financial institution holding my/our account up to and including 90 calendar days in the case of a personal household PAD (or up to and including ten (10) business days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account.

I/We acknowledge that a claim on the basis that my/our authorization was revoked, or any other reason, is a matter to be resolved solely between Cape Breton Regional Municipality and me/us when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).