



ROSSBURN MUNICIPALITY

43 Main St N. Box 100, Rossburn, Manitoba R0J 1V0

Phone: 204-859-2779

Email: municipaloffice@rossburn.ca

Shirley Kalyniuk
Mayor

Emily Sawchuk
Chief Administrative Officer

Pre-Authorized Debit (PAD) Agreement

To enroll or make changes to your Pre-Authorized Debit (PAD) Agreement, please complete and sign this form.

Account Holder Information

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____

You can attach an unsigned VOID cheque **OR** complete the Financial Institution information below:

Payment Details:

Type of Account: Personal Chequing Personal Saving Business

Unsigned cheque marked "VOID" attached

OR

Financial Institution Information:

Branch Name: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____

Use the following sample and coding on the bottom of your cheque to provide:



Transit Number: _____ Institution Number: _____

Your Account Number: _____



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Property(ies) information:

The following properties are a part of this agreement:*

Roll No	Owner's name	Last Year's Taxes	Projected Taxes
123456.000	Joe Smith	\$1,234.56	\$1,500.00
Total to be paid under this PAD agreement:			

*Use another sheet if you need more space.

Total taxes due: _____

Administration Fee: \$25

Total amount to be financed: _____

Number of payments: _____

Payment Amount: _____

- Fixed \$ _____ OR Variable \$ _____ (max amount)
- Combination of Fixed of \$ _____ and one Variable payment on the last working day of October to pay the balance of the account(s).

Dates of Payment:

- Weekly beginning Friday the _____
- Bi-Weekly beginning Friday the _____
- Monthly beginning Friday the _____
- Annually beginning on the last working day of October _____

This PAD Agreement may be cancelled by either party at any time, subject to providing notification of at least five (5) working days. Please contact the Chief Financial Officer of the Rossburn Municipality to cancel this agreement.

You have certain recourse rights e.g., reimbursement if any withdrawal does not comply with this agreement. Please contact the Chief Financial Officer of the Rossburn Municipality if you have any



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questions about a specific withdrawal. Your financial institution or **payments.ca** can provide more information about cancellation or your recourse rights.

I/We (include all required signatures) authorize the Rossburn Municipality to begin automated withdrawals for payment of my tax bill(s) from the Financial Institution identified on my VOID cheque or in the above Financial Institution information.

Authorized Signature no. 1

Authorized Signature no. 2

Name - Signed

Name - Signed

Name – Printed

Name – Printed

Date

Date

PAD Agreement received by _____ on _____

Signature

PAD Agreement cancelled by _____ on _____

Signature