



RURAL MUNICIPALITY OF ST. ANDREWS

P.O. Box 130, 500 Railway Avenue, Clandeboye, MB. R0C 0P0
Tel: 1-204-738-2264 or 1-866-738-2264 (toll free) Fax: 1-204-738-2500

T.I.P.P.S – PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FORM

When you enroll in a pre-authorized payment plan, you will continue to receive your yearly tax bill. When you receive your yearly tax bill, you can determine if your payments will require adjusting to cover the current year's taxes plus any arrears. **IT IS THE RESPONSIBILITY OF THE OWNER TO MAKE SURE THE AMOUNT OF PAYMENT(S) IS ENOUGH TO PAY YOUR CURRENT TAXES OWING BY THE DUE DATE OF OCTOBER 31.**

PAYMENTS ARE ALWAYS DEDUCTED ON THE LAST DAY OF EACH MONTH

You may revoke your authorization at any time in writing subject to providing notice of 15 days before the next debit is scheduled. To obtain a cancellation form, please look at our website or call our office.

To start enjoying the many benefits of pre-authorized payments, simply complete and mail or drop off this enrollment form along with a void cheque or have your bank provide you with the appropriate information for our office to debit your account and submit it to the R.M. of St. Andrews Office: P.O. Box 130, 500 Railway Avenue, Clandeboye, Manitoba R0C 0P0.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Name:	
Home Phone: ()	Cellular Phone: ()
Roll Number:	Civic Address or Legal Description:
Start Date:	Monthly Amount:
Authorization: I/We hereby request and authorize the R.M. of St. Andrews Municipal Office (Payment Processor) to debit payments and service charges authorized by me/us from the chequing account specified by me/us. Such Notice shall not have effect on debits made prior to cancellation. **NOTE: If funds are not available for any reason, a bank charge of \$25.00 will be applied. If any payments are missed or returned, the R. M. of St. Andrews has the option to cancel the agreement, and all unpaid taxes become due and payable and are subject to penalties. In the event of a second returned payment, the agreement will automatically be cancelled. I further agree to waive the pre-notification period requirements which would provide advance notice before any change of date for PADS to be processed on my account and before any change of amount, except if the amount due is reduced.	
Customer Name: _____ (Please print clearly)	
Signature: _____	
Date: _____ 20__	