

PRE-AUTHORIZED PAYMENT ENROLLMENT FORM



When you enroll in a pre-authorized payment (PAP) plan, you will continue to receive your annual tax bill. Our program does not automatically adjust for any increase or decrease. You are required to ensure you are aware of your tax account balance(s) and that your payments are sufficient. Pre-authorized payments are processed once monthly and account balances are not monitored by staff, this is the responsibility of the property owner. You can request a transaction report at any time by contacting our office to be mailed or emailed to you.

To estimate your monthly payment divide your total taxes by 12 months, beginning your payments November and ending October for each tax year, allow 2% increase each year for estimate. To avoid penalties, you may need to pay a final payment amount outside of the monthly payments prior to the due date of October 31. Additional payments can be made anytime through your banking institution, by cash, cheque or debit, we do not accept credit cards.

Simply complete and return the attached enrollment form to the R.M. of St. Clements Office by postal mail to Box 2, Grp. 35, R.R.#1 East Selkirk MB R0E 0M0, by email to info@rmofstclements.com, by fax to 204-482-3098 or in person to 1043 Kittson Road, East Selkirk. Payments are withdrawn on the 20th of each month.

IT IS THE RESPONSIBILITY OF THE OWNER TO ENSURE THAT PAYMENT AMOUNTS ARE SUFFICIENT TO PAY THE AMOUNT OWING BY THE DUE DATE OF OCTOBER 31. OUTSTANDING BALANCES ARE CHARGED PENALTIES IN THE AMOUNT OF 1.25% MONTHLY.

I hereby authorize the R.M. of St. Clements to begin pre-authorized payments for my property taxes. This authority remains in effect until the R.M. of St. Clements has received written notification from me or until the R.M. of St. Clements has sent me notice of termination.

Property Owner's Name (as shown on tax bill): _____

Your Name: _____

Mailing Address: _____

Email Address: _____ Telephone # _____

Roll # _____ [In the case of multiple rolls – one form is required for each tax roll]

Monthly Amount: \$ _____ Month to Start: _____

Financial Institution: _____
Address: _____
Bank No: _____ Transit No: _____ Account No: _____
Authorized Signatures: 1. _____
2. _____
<i>If more than one signature is required on a cheque from your account, all required signatures are required above.</i>

Date

Signature