



# PRE-AUTHORIZED PAYMENT ENROLLMENT FORM

When you enroll in a pre-authorized payment (PAP) plan, you will continue to receive your annual tax bill. You can determine if you need to adjust your payment amounts when you receive your annual tax bill.

Payments are deducted on the 20<sup>th</sup> of each month.

To start enjoying the many benefits of pre-authorized payments, simply complete and return the attached enrolment 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](mailto:info@rmofstclements.com), by fax to 204-482-3098 or in person to 1043 Kittson Road, East Selkirk.

**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.**

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 a notice of termination.

Your name as shown on bill: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Roll # \_\_\_\_\_

Email Address: \_\_\_\_\_

Monthly \$ \_\_\_\_\_ Date to Start: \_\_\_\_\_  
(20<sup>th</sup> of each month)

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Signatures: 1. \_\_\_\_\_  
2. \_\_\_\_\_

If more than one signature is required on a cheque, all required signatures are required above.

**NOTE: Be sure to enclose a "VOID" cheque with this enrollment form.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*\*\*In the event of a dishonoured payment the PAP arrangements\*\*\*  
\*\*\*will be automatically discontinued\*\*\***