

PRE-AUTHORIZED PAYMENT ENROLLMENT FORM



Date: _____

Roll Number: _____

When you enroll in the pre-authorized payment plan (PAP), you will continue to receive your annual tax bill. This will help to determine if you need to adjust your payment amount.

Payments are deducted on or around the 20th of each month.

IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO ENSURE THAT PAYMENT AMOUNTS ARE SUFFICIENT TO PAY THE TAX AMOUNT OWING BY THE DUE DATE OF OCTOBER 31st.

I hereby authorize the RM of St Clements to begin pre-authorized payments for my property taxes. This authority remains in effect until the RM of St Clements has received written notification from me, my lawyer or a title change to change the amount or cancel these payments.

Property Owner(s): _____

Legal Description: _____

Civic Address: _____

Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

Monthly Amt: \$ _____ Month to Start: _____

Signature: _____

(The above information may be added to the contact information on file.)

NOTE: Please include a "VOID" Cheque or Bank Account Verification with this form.

*****The resident is responsible for monitoring and updating these payments annually.*****

This form can be submitted by the following:

Mail: Box 2 Group 35 RR1
East Selkirk, MB R0E 0M0

Email: info@rmofstclements.com
Fax: 1-204-482-3098

In Person: 1043 Kittson Road East Selkirk, MB
There is a drop slot located in the back entrance door on the South side of the building.

For Office Use Only

Mail: _____

Received by: _____

Email: _____

Processed by: _____

In Office: _____