The Rural Municipality of Spiritwood No. 496

PO Box 340 Spiritwood, SK SOJ 2M0

Telephone: 306-883-2034 Email: admin@rmofspiritwood.ca



Pre-Authorized Debit (PAD) Agreement for Property Tax

1. Payor's Information (Ple	ase print or type clearly)	
Payor's Name:		
Customer Number:		
Mailing Address:		
City:	Province:	Postal Code:
Phone Number:	E-mail Address:	
2. Payor's Financial Institut	ion Information (Please print	or type clearly)
·	·	cial institution and your account OR nformation (FI supplied PAD form OR
Account Number: Transit Number:		Transit Number:
Financial Institution Numbe	r:	
Financial Institution Name:		
3. Pre-Authorized Debit De	tails	
above for a total fixed amo	unt of \$ on r, confirm that you have auth	to debit the bank account identified the 28 th day of every month or the next ority under the terms of your account
These tax payment(s) are fo	or: (check one) Personal	Business
notification or the Payor ha	s completed a cancellation for	wood No. 496 has received written rm, of any change(s) or termination for ncellation form, or further information

on your right to cancel a PAD Agreement, at their financial institution or by visiting

<u>www.payments.ca</u>. This written notification or cancellation form must be received at least ten (10) business days before the next debit is scheduled.

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 Pre-Authorized Debit (PAD) Agreement. To obtain more information on your recourse rights, you may contact our financial institution or visit www.payments.ca.

I/We acknowledge that this agreement is provided for the benefit of the "Payor" and "The RM of Spiritwood No. 496" and is provided in consideration of the municipality agreeing to process debits(PAD's) against the account (Property Taxes) with the municipality in accordance with the Rules of the Canadian Payment Association (the "CPA Rules") By signing this agreement, The Payor acknowledges having received and having read a copy of this agreement, acknowledges understanding of this agreement, and agrees to be bound to this agreement. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

Signature of Account Holder			
Name (Please Print)			
Signature of Joint Account Holder (if applicable)			
Name (Please Print)			
Date			
Land Location and amount allotted			
Land Location (multiple) and amount allotted to each Land Location			