

The Rural Municipality of Spiritwood No.496

P.O. Box 340, 218 Main Street, Spiritwood, SK. S0J 2M0
Ph: 306-883-2034 Fax: 306-883-2557 www.rm496@sasktel.net

PREAUTHORIZED DEBIT AGREEMENT (PAD)

Registered Owner/Customer Information:

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Home Phone:	Business Phone:	
Email:		
Customer Tax Roll No:		

Payments are to be debited from the following Account:

Financial Institution Name:		
Financial Institution Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Banking Information:		
Bank ID	Transit No.	Bank Account No.

Attach a Void Cheque or Financial Banking Information

Payments will be processed on the 28th day of every month

Set Amount: Amount: \$ _____ Per Month

I/We the Registered Owner and/or Customer authorize The Rural Municipality of Spiritwood No. 496 to electronically debit the above noted payments and applicable service charges on the 28th day of the Month. The treatment of each payment shall be the same as if the undersigned has personally issued a cheque.

I/We acknowledge the right of The Rural Municipality of Spiritwood No. 496 to cancel my/our participation in the payment plan if any debits are not honored by the participant's financial institution.

I/We agree to provide in writing by the 1st of the month, if I/We change bank information, sell property, or wish to cancel participation in the plan for any reason.

Authorization

Any Account that requires two signatures must have the same on this application form.

Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____