

ENJOY THE BENEFITS OF PRE-AUTHORIZED PAYMENTS FOR TAXES AND/OR UTILITIES

The R.M. of Roland is now able to offer you the convenience of paying your tax and water utility bills by pre-authorized payments.

- No more writing cheques
- Saves you money on stamps and envelopes
- No more worrying about due dates
- Eliminates the chances of late charges
- Makes budgeting much easier

When you enroll in pre-authorized bill payments, you will continue to receive your regular bills. You still have the opportunity to review the bills before the payment is automatically deducted from your bank account. Your bank statement will list the amount and date each payment was processed.

If for any reason you no longer wish to make pre-authorized payments, you can cancel the agreement with the Municipality at any time.

To start pre-authorized payments, simply complete and mail or bring the attached Enrollment Form to the Municipal Office.

R.M. of Roland
PO Box 119
Roland MB R0G 1T0
Phone: 343-2061
Fax: 343-2001
E-mail: caormofroland@gmail.com

R.M. OF ROLAND PRE-AUTHORIZED PAYMENT ENROLLMENT FORM

I hereby authorize the R.M. of Roland to process a debit, in paper, electronic, or other form for my Automatic Payment. This authority is to remain in effect until the R.M. of Roland has received notification from me or until the R.M. of Roland has sent me notice of termination.

Name(s): _____

Address: _____

Phone: _____

Water Account #: _____

Fixed amount monthly on last business day of each month \$ _____

Variable amount on due date of each quarter

Taxes Roll # _____

Fixed amount monthly x 11 months, on last business day of each month, with variable payment amount on tax due date \$ _____

Variable amount on due date each year

NOTE: Enclose a personal blank cheque marked "VOID" with this enrollment form and return both to the R.M. of Roland.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment enrollment form and that I (we) have received a copy.

Authorized Signatures*:

_____ Date _____

_____ Date _____

*When more than one signature is required on a cheque, both signatures are required above.