

P.O. Box 40, 466 Sabourin Street, St. Pierre – Jolys, MB. R0A 1V0 Ph: 204-433-7406 Fax: 204-433-7063 www.rmdesalaberry.mb.ca

## PROPERTY TAXES PREAUTHORIZED PAYMENT PLAN APPLICATION T.I.P.P.

## **Registered Owner/Customer Information:**

Name:	Tax Roll Account#						-	
Mailing Address:								-
Civic Address:								-
City:Prov	vince:	Post	al Cod	e:				-
Home Phone:Business Phone:							-	
Email:								
Payments are to be debited from the following account:								
Financial Institution Name:								-
Financial Institution Address:								_
City:Pro	ovince:	Pos	tal Cod	le:				_
Phone:								
Banking Information: ATTACH A VOID CH Bank ID : Transit No:	<b>EQUE or BANK</b> Bank Accou		TUTION	DOC	UME	NTAT	FION	

**I/We** the applicant(s) authorize my/our financial institution to electronically debit my/our account for the monthly tax installment payment payable to the Rural Municipality of De Salaberry on the 15<sup>th</sup> day of each month as payment, in part, of the taxes for the property named on the reverse. 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 De Salaberry to cancel my/our participation in the payment plan if any debits are not honoured by the participant's financial institution. Dishonoured payments will be subject to a fee as set in the municipality's fees and charges by-law and will be automatically charged to the property tax account associated with the payment. Unpaid taxes as of the date of termination of participation in the plan are subject to penalties as per by-law.

**I/We** acknowledge there may be adjustments in the amount of the monthly payment for Property Taxes each year as a result of the Rural Municipality of De Salaberrys's annual tax levy. The RM of De Salaberry will notify those affected by these changes.

**I/We** agree to provide **in writing by the 1**st **of the month**, if **I/We** change bank information, sell the property, or wish to cancel participation in the plan for any reason. It is further agreed that notification to cancel the preauthorized payment may be provided by an agent acting on my/our behalf.

Previous year's taxes must be paid in full before enrollment.

New charges for supplementary taxes and omitted assessments (for improvements or new construction) or outstanding charges added to the tax roll (throughout the year) are not included in the plan. They must be paid for as they become due.

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

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