



TAX INSTALMENT PAYMENT PROGRAM (T.I.P.P.)
Pre-Authorized Debit (PAD) Agreement Form

When you enroll in a pre-authorized payment plan, you will continue to receive your yearly tax bill. When you receive your yearly tax bill, you can determine if your payments will require adjusting to cover **that year's taxes**. **Payments will be deducted on the 14th of each month (or the next business day following the 14th)**. It is your responsibility to ensure sufficient funds are in your account for the payment. **A \$25.00 fee will be added to your roll number for any NSF payments**. To start enjoying the many benefits of pre-authorized payments, simply complete and mail or drop off this enrollment form to the R.M. of Stanley's Office: 1-23111 PTH14, Stanley, Manitoba R6P 0B1.

IT IS THE RESPONSIBILITY OF THE OWNER TO MAKE SURE THE AMOUNT OF PAYMENT(S) IS ENOUGH TO PAY YOUR CURRENT TAXES OWING BY THE DUE DATE SHOW ON YOUR TAX STATEMENT.

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I hereby authorize the R.M. of Stanley to debit the bank account identified below by voided cheque to begin pre-authorized payments for my property taxes. **I FURTHER AGREE TO WAIVE THE PRE-NOTIFICATION PERIOD REQUIREMENTS WHICH WOULD PROVIDE ADVANCED NOTICE BEFORE ANY CHANGE OF DATE FOR PADs TO BE PROCESSED ON MY ACCOUNT AND BEFORE ANY CHANGE OF AMOUNT, EXCEPT IF THE AMOUNT DUE IS REDUCED.**

Name as shown on the tax bill: _____

Billing Address: _____

Telephone #: _____ Property Roll #: _____

PAD Category: Personal _____ Business _____

Amount of Payment: _____ Month Payments to begin: _____

Enclose a blank cheque marked "VOID"

Name: _____ Signature: _____
(Please Print)

Date: _____

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 the PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca The R.M. of Stanley will not charge a fee for this service but it is your responsibility to check with your bank for any transaction fees you might be charged.

You may revoke your authorization at any time in writing subject to providing notice of 15 days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

When this form is complete, drop off, mail or fax with voided cheque to:

R.M. of Stanley
1-23111 PTH14
Stanley, MB R6P 0B1
Tel: 1-204-325-4101