



Mail / Fax to: **R.M. of Brokenhead**
 ATT: Tax Department
 P.O. Box 490
 Beausejour, Manitoba
 R0E 0C0
 Phone: 204-268-6700
 Fax: 204-268-1504
 E-mail: admin@rmofbrokenhead.ca

Be sure to include:
 - Void Cheque or Deposit Slip

PRE-AUTHORIZED DEBIT FORM

Customer Information:

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Home Phone: ()	Business Phone: ()	
Email:		Tax Roll Account #

Payments are to be debited from the following account:

Financial Institution Name:		
Financial Institution Address:		
City:	Province:	Postal Code:
Phone: ()		
Banking Information:		
Bank ID	Transit No	Bank Account No
█	█	

Authorization PAYMENT DATE PREFERENCE: 5th of the month or 20th of the month

I/We hereby request and authorize TelPay Incorporated (Payment Processor) on behalf of the Rural Municipality of Brokenhead to debit payments and service charges authorized by me/us from the chequing account specified by me. Notice of cancellation of this authorization may be made by me/us at any time. Such notice shall not have effect on debits made prior to cancellation.

**** NOTE:** If funds are not available, a NSF charge of \$30.00 will be applied.

Customer Name: _____ Customer Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

****** The Rural Municipality of Brokenhead warrants that it will maintain the Company's information confidential and will use it exclusively for the purposes of affecting the payment services of TelPay.

A copy of a void cheque or deposit slip is required to process this form.