



FOR OFFICE USE ONLY:	Prior year tax levy _____
Customer ID: _____	Months remaining _____
Setup done by: _____	Monthly amount _____
Date mailed to customer: _____	Date of first payment: _____
Date verbally notified: _____	

TAX PRE-AUTHORIZED PAYMENT PLAN APPLICATION

Personal Information

Account Name: _____

Civic Address and Telephone #: _____

Mailing Address (if different from civic address): _____

Roll # (Ten Digits): _____

Banking Information (attach VOID cheque)

Name of Financial Institution: _____

Address and Telephone #: _____

Transit # _____ (5 numbers) Branch # _____ (3 numbers) Account # _____

I hereby authorize the City of Dauphin to make monthly tax withdrawals from my bank account on the said specified dates. Further, I understand the monthly withdrawal amount is based on an estimate of taxes and there will be an adjustment in July to pay the remaining balance owing. By signing this, I authorize the City of Dauphin to adjust my withdrawal amount without notification.

I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information contact your financial institution or visit www.cdnpay.ca.

Signature: _____ Date: _____

Print Name: _____

This agreement may be cancelled provided notice is given at least thirty (30) days before the next scheduled payment occurs by contacting City Hall, 100 Main St S, Dauphin, MB R7N 1K5, 204-622-3200. Any charges that result from non-cancellation of this pre-authorized payment will be at your expense.