



RM OF PRINCE ALBERT No.461

R.R. #2, Site 4, Comp 112
Prince Albert, SK S6V 5P9
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Rochelle Neff, CAO
Karri Willick, Assistant CAO

AUTOMATED FUNDS TRANSFER AUTHORIZATION

Please credit my Tax Account:

NAME: _____

DATE AUTOMATIC PAYMENT TO BE TRANSFERRED FROM ACCOUNT – PLEASE CIRCLE ONE OF THE FOLLOWING:

MONTHLY BI-WEEKLY WEEKLY SCHEDULED

PLEASE STATE DATE WHICH PAYMENT TO BE TRANSFERRED:

AUTOMATIC TRANSFER TO START COMING OUT OF MY ACCOUNT ON:

AMOUNT OF PAYMENT:\$ _____

I hereby authorize you to debit my account at:

Please issue a voided cheque or have your financial institution fill out the following information:

FINANCIAL INSTITUTION: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

ROUTE & TRANSIT NUMBER: _____

All debits/credits payable to the Rural Municipality of Prince Albert No. 461 drawn on you by your financial institution on your behalf shall be treated the same as if you had personally issued a cheque or made a deposit.

This agreement may be cancelled at any time upon written notice.

Date

Ratepayer's Signature

Date

Ratepayer's Signature