RM of St. Francois Xavier

1060 Highway No. 26

ST. FRANÇOIS XAVIER, MANITOBA

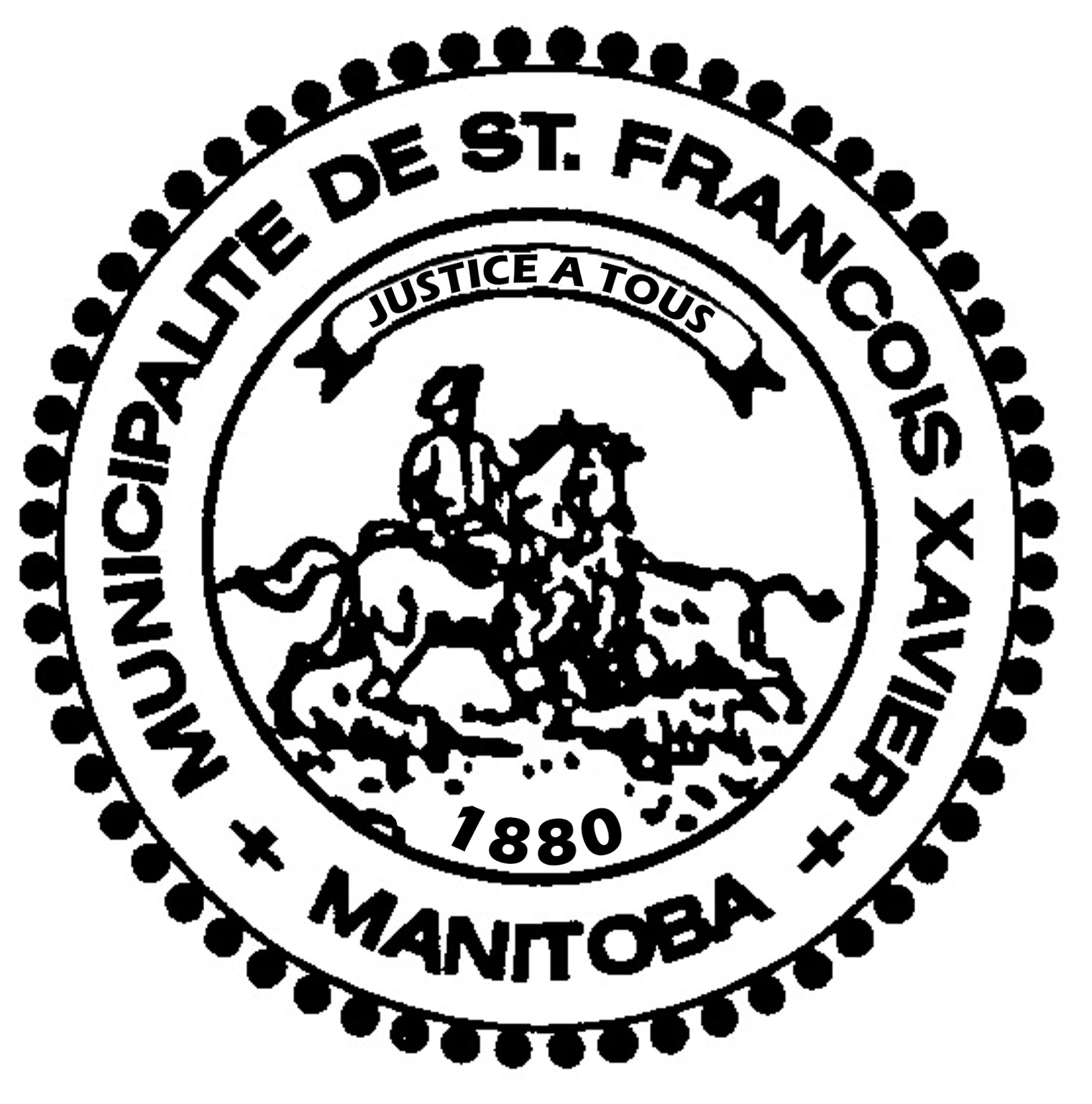
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TELEPHONE (204) 864-2092

FAX (204) 864-2390

E-MAIL: info@rm-stfrancois.mb.ca

WEBSITE: www.rm-stfrancois.mb.ca



**MONTHLY PRE-AUTHORIZED PAYMENT FORM**

**FOR INTERNET BILL**

**Account Holder**

Name

Address

Phone Number

Account Number

**Debit Information**

Bank Name

Bank Address

\*Please attach a void cheque or print out from your bank showing the bank, transit and account numbers\*

I (we), as the account holder(s), authorize the RM of St. Francois Xavier providing me (us) with services and/or products and my (our) financial institution, to debit, in accordance with the Rules of the Canadian Payments Association, my (our) account at the branch specified above, for the purpose of adding funds to my (our) RM of St. Francois Xavier Internet account. The information set out above may be sent to RM of St. Francois Xavier’s bank and/or to your financial institution to implement this authorization. Your account will be debited on the 30th of each month for the amount of your bill.

This authorization is to remain in effect until RM of St. Francois Xavier has received written notification from me (us) of its change or termination. This written notification must be received at least 30 days before the next debit is scheduled, at the address above. I (we) represent and warrant that: (1) the banking and account information provided above is complete and accurate and I (we) will promptly notify RM of St. Francois Xavier of any change in such information; and (2) all persons required to authorize withdrawals from the account specified above have authorized the debits to be drawn from the specified account pursuant to this authorization.

Signature Date

Signature Date