Mail / Fax to: **RM of West St. Paul**
3550 Main Street
West St. Paul, MB R4A 5A3
Ph.: 204-338-0306
Fax: 204-334-9362
TaxClerk@WestStPaul.com

ROLL NO:

PRE-AUTHORIZED DEBIT FORM FOR TIPPS

☐ **ENROLLMENT** ☐ **CHANGE** **(Please only complete information to be changed)**

☐ **CANCELLATION** **effective as of:** _____

Customer Information:

Name:		
Mailing Address:		
City:	Province:	Postal Code:
Home Phone:	Business Phone:	Email:

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			

- Be sure to include a Void Cheque or Deposit Slip -

Authorization:

I/We hereby request and authorize TelPay Incorporated (Payment Processor) on behalf of the RM of West St. Paul 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, **in writing**. Such notice shall not have effect on debits made prior to cancellation.

** **NOTE:** If funds are not available, a NSF charge of $45.00 will be applied. If three payments have been returned as NSF, your privileges to use these services will be cancelled and you will no longer be eligible to enroll in this program for a period of 12 months.

Customer Name: _____ Customer Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

**** The Rural Municipality of West St. Paul warrants that it will maintain all information confidential and will use it exclusively for the purposes of affecting the payment services of TelPay. Personal information collected on this form is protected by *The Freedom of Information and Protection of Privacy Act* will be used only to respond to this request.**