

MAIL TO: R. M. OF MACDONALD

BOX 100

SANFORD, MB. R0G 2J0

PHONE 736-2255

VOID CHEQUE OR DEPOSIT SLIP

T I P P S - PRE-AUTHORIZED DEBIT FORM

Customer Information: (Please P	rint)			
Name:				
Mailing Address:				
City:	Province	:	Postal Code:	
Home Phone: ()	I	Cell Phone	:: ()	
Roll Number	Civic\Rura	Civic\Rural Civic Address or Legal Description		
EMAIL ADDRESS:	(Plea	ase Print Clear	·ly)	
****Fo	or more that one par	rcel please comple	te the back side of this form****	
	n the chequing a	account specific	Central of Canada (Payment Processor) to debit payments and ed by me. Notice of cancellation of this authorization may be ade prior to cancellation.	
	ncel the agreemen	nt, and all unpa	Il be applied. If any payments are missed or returned, the id taxes become due and payable and are subject to penalties. ally be cancelled.	
Customer Name(Please Print)				
Signature:				
Date:				

A VOID CHEQUE MUST ACCOMPANY THIS APPLICATION

If you do not have a cheque please have your bank provide you with a print out of the information necessary to debit your account.

Applications along with required bank information can be mailed to the address above, faxed or dropped off in person at the R. M. of Macdonald office located at 161 Mandan Drive, Sanford, Manitoba.

** The Rural Municipality of Macdonald warrants that it will maintain the Customer's information confidential and will use it exclusively for the purposes of affecting the payment services of Credit Union Central of Canada.

Personal information collected on this form is protected by *The Freedom of Information and Protection of Privacy Act* and will be used only to respond to this request.

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