

R.M. of Lake Lenore No. 399
Box 280 St. Brieux, SK S0K3V0
Phone 306-275-2066 Fax 306-275-4667
email: rml@sasktel.net

PRE-AUTHORIZED DEBIT FORM

Last Name _____ First Name _____
 Institution Route xxx Transit xxxxx Account Number xxxxxxxxxxxxxx
 Payment For Property Taxes
 Payment Frequency 8th day of every month
 First Payment Date Month _____ Day _____ 08 Year _____
 Payment Amount \$ _____

I (We) hereby authorize the R.M. of Lake Lenore No. 399 to debit my (our) account as per the
 aforementioned financial information.

 Signature of Client Date

 Signature of Client Date

For Office Use Only:			
Action	Add	Change	Delete
Originator Name			Taxes
Customer #		Code:	
Roll #		Preauthorized	YES NO
BANKING INFO ENTERED	YES	NO	