## R.M. of Lake Lenore No. 399 Box 280 St. Brieux, SK S0K3V0 Phone 306-275-2066 Fax 306-275-4667

email: rmll@sasktel.net

## **PRE-AUTHORIZED DEBIT FORM**

Last Name			First Name					
Institu	ution Route	XXX	Transit	XXXXX	Account	Number	XXXXXXX	(XXXX
Paym	ent For	Property	Taxes					
Paym	Payment Frequency 8 <sup>th</sup> day of eve			onth				
First F	Payment Date	Month		Day	08	1	Year	
Paym	ent 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:								
l	Action	Add	Ch	nange	Delete	<u> </u>		
	Originator N	ame		J		Taxes		
	Customer #			Code:				
	Roll #		Pre	authorized	YES		NO	
	BANKING IN	FO ENTERE	D YES	NC	)			