

Simplify your Bill Payment Today!

1. **Mail a cheque to Memorial Hall** - Cheques can be made payable to "Town of Carman". Please include your Account # in the memo section.
2. **Add us as a Payee through your online banking** - Access the Payment option in your online banking account to create a payee. Search "Carman" and select the Carman – Utilities. The account number is located on the top right corner of your bill. **When entering in your account number, use this example: 0012345.02 – enter 12345, add more 0's in front if your bank requires more characters.**
3. **Access your local banking institution** – Please bring your Utility Bill to your banking institution to make your payment.
4. **Pay by Credit Card through our Website** – Visit "carmanmanitoba.ca". Under the Information section, click "Online Payments". Select "Pay Now – Utilities". Enter in the Payment Information to proceed to the Billing information. Click "Submit Payment" when completed. **Please be advised that your Banking Institution may charge a service fee.**
5. **Sign up for Pre-authorized payment** – See the back of this form to sign up for pre-authorized payment. You may mail us the filled out form with a void cheque or direct deposit form included or email the Town office with the information and a picture of the void cheque or direct deposit form.

The Choice is yours!

The Town of Carman office is currently closed to the public until further notice due to the COVID-19 restrictions. Our mailing address is Box 160, Carman, Manitoba, R0G 0J0. Our email address is info@townofcarman.com. If you have any questions, please call the town office at 745-2443.

GO GREEN AND HELP CONSERVE THE ENVIROMENT!!!

Paperless utility billing = environmentally responsible choice

Sign up today, go Green with the Town of Carman e-billing service! You can save the environment and receive

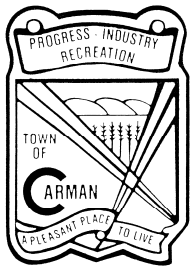
your utility bill by convenient email delivery by subscribing to the Town's e-billing service.

Just fill in the info below and drop it by the office or send us an email to

info@townofcarman.com with the info in it!!

Name: _____ Account No: _____

Email: _____



Payor's Pre-Authorized Debit Agreement

Name(s) _____
Address: _____
Phone: _____ Email _____

PAYMENTS DETAILS .dehcatta "DIOV" dekram euqehc nemicepS
Payor Account (*The Payor's account at the Processing Institution; the "Account"*)
Financial Institution Name: _____
Address: _____

Brent Owen
Mayor

Cheryl Young, CMMA
Chief Administrative
Officer

Box 160
Carman MB
R0G 0J0

- | Institution No. | Branch I.D. | Account No. | CPA | Transaction | Type | |
|-----------------|---|-------------|-----|-------------|------|--------------|
| 1) | Water Account # _____ | lanosreP | | | 834 | ssenisuB 627 |
| | a) Fixed amount monthly: \$ _____ on last business day of each month, OR | | | | | |
| | b) Variable amount on due date of each quarter, beginning _____. | | | | | |
| 2) | Tax Roll # _____ | lanosreP | | | 583 | ssenisuB 317 |
| | a) Variable amount on due date of each year, beginning _____, OR | | | | | |
| | b) Fixed amount: \$ _____ x 11 months, on last business day of each month, with variable payment amount on tax due date, beginning _____, OR | | | | | |
| | c) Fixed amount monthly: \$ _____ on last business day of each month. | | | | | |
| 3) | General Account Description _____ | lanosreP | | | 034 | ssenisuB 817 |
| | a) Fixed amount monthly: \$ _____ on last business day of each month as required, OR | | | | | |
| | b) Variable amount on last business day of each month as required, beginning _____. | | | | | |

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Signature _____ Date _____
Signature _____ Date _____

WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

Signature _____ Date _____
Signature _____ Date _____

CANCEL PAYMENT (14 days notice is required before the next PAD will be issued.)

The Payor hereby cancels this Payor's PAD Agreement effective: _____
Signature _____ Date _____
Signature _____ Date _____

(204) 745-2443
info@townofcarman.com

A Community of all
Seasons...
For Lots of Reasons!