Motor Vehicle Recoveries Debtor Payment

Protected B (when completed)

Claims and Recoveries

MVAR File No:

Please complete Section 1.

Your payments must match the due dates and amounts required by your annual Income and Expense (I&E) agreement made with the Motor Vehicle Accident Recoveries Program. Any future changes required to this application must be requested in writing.

The personal information collected by the Collections and Recoveries branch of Alberta Treasury Board and Finance, Tax and Revenue Administration, is for the purpose of the collection of amounts owing to His Majesty in right of Alberta or amounts that His Majesty in right of Alberta is authorized to collect or recover under a law of Alberta, and will be input into an automated system to make decisions. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact Tax and Revenue Administration, by emailing tbf.alberta-mvar@gov.ab.ca or calling 780-422-5458. If calling long distance within Alberta, call 310-0000 then enter 780-422-5458.

1. Pre-Authorize Payment From Bank (please print) - Please enclose a VOID Cheque

a) Name(s) on bank account:

(Please enter your name with the name of the co-signer, if this is a joint bank account and dual signature is required)

I hereby authorize:

Name of Bank			
Branch Number	Bank Number	Account Number	Banks Telephone Number
Bank Address, City, Province & Postal Code:			

to debit my account (choose only one option which must match your payment due dates*)

☐ monthly ☐ every two weeks ☐ weekly ☐ one time payment

in the amount of $_____ , payable to the *Government of Alberta* commencing _____ *(yyyy-mm-dd)*

* Payment date as agreed to by your assigned Collection Officer. MVAR will provide written notice to the debtor of the amount to be debited and the date of the debit (at least 10 calender days) before the date of the first debit and every time there is a change in the amount or payment date.

b) Authorization

Date *(yyyy-mm-dd)*	Signature *(if joint account & required)*	Signature

MVAR Use Only

☐ Accepted

Date *(yyyy-mm-dd)*	Print Name of Collection Officer	Collection Officer Signature

☐ Approved

Date *(yyyy-mm-dd)*	Print Name of MVAR Supervisor	MVAR Supervisor Signature

Print Save