

Please note if you are currently enrolled in the TIPP plan you do not have to re enrol.



Tax Instalment Payment Plan (TIPP) Pre-Authorized Debit Application

Owners/Applicant Name: _____

Civic Address: _____

Mailing Address: _____

Phone Number: _____

Account #: _____ Start Month: _____

Previous Years Taxes \$: _____ Payment \$: _____

Attach Void Cheque or Authorized Bank Account Information

1. For payments under the Tax Instalment Payment Plan, I/we authorize the Town of Swan Hills and its financial institution to debit my/our account listed above;
 - in the amount of monthly payments shown above; on the first business day Monday of each month, **should the Monday fall on a holiday the withdrawal will be done on the following day, Tuesday.**
 - which amount may increase/decrease pursuant to the provisions of the Tax Instalment Payment Plan Bylaw, notification will be given.
2. A specimen cheque for my/our account marked "Void" is attached to the Application/Pre-Authorized Debit Form
3. This Authorization Debit and Tax Instalment Payment Plan may be cancelled upon written notice by me/us not less than 14 days prior to the next due date. Withdrawal from the Tax Instalment Payment Plan shall be subject to the provisions of the Tax Instalment Payment Plan Bylaw.
4. I/We acknowledge that in the event any payment is not honoured by my financial institutions \$40.00 fee, but if it is still dishonoured the second time a \$40.00 fee will be added to my tax roll and penalties will be applied and my/our Participation in the Tax Instalment Payment Plan may be cancelled, in accordance with the provisions of the Tax Instalment Payment Plan Bylaw.
5. In the event of a sale of the above noted property, I/we will notify the Town of Swan Hills in writing not less than 14 days prior to the next due date, to arrange cancellation of my/our next payment, and I/we will advise the purchaser of his option to, upon application, make payments by pre-authorized debit under the Tax Instalment Payment Plan.
6. In the event I/we change my/our bank account I/we will notify the Town of Swan Hills in writing and complete a new Application/Pre-Authorized Debit Form not less than 14 days prior to the next due date and provide a current cheque marked "Void".
7. Any delivery of this Application/Pre-Authorization Debit Form to the Town of Swan Hills constitutes delivery by me/us.
8. All persons, whose signatures are required to sign on the bank account listed above, have signed this agreement below.
9. By copy of this Application/Pre-Authorization Debit Form being provided to the applicant/owner the applicant/owner acknowledged notification of and agrees to abide by the Terms and Conditions of the Pre-Authorized Debit and the Electronic Funds Transfer Service provided by the Town of Swan Hills Financial Institution.

I/We hereby authorize a debit, in the amount stated above with latitude for adjustments in accordance with the Tax Instalment Payment Plan Bylaw, to be drawn on my/our account on the first working Monday day of each month with the first month as previously stated.

Signature