

**TAX INSTALLMENT PAYMENT PLAN
AUTHORIZATION FORM**

Summer Village of _____

Customer Information (please print clearly)

Roll Number: _____

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Bank Account Information: (please attach a void cheque)

Deposit Account Number: _____ Bank Transit Number: _____

Financial Institution Number: _____ Chequing: _____ Savings: _____

Financial Institution Name: _____

Branch Address: _____

Pre-Authorized Debit (PAD) Details

You the Payor authorize the Summer Village of _____ to debit the bank account identified above for property tax payments on a monthly basis as per the Summer Village Bylaw. Each monthly payment will be debited from your bank account and applied directly to your tax account. Any returned items are subject to a \$25.00 service charge.

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder

Signature of Joint Account Holder

Name (Please print)

Name (Please Print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

Terms and Conditions:

1. For eligibility, all tax arrears must be paid in full.
2. The monthly tax payments are based on twelve payments from January to December. You may apply for the tax payment plan at any time, however payment amounts are calculated according to when you start. Depending on when you sign up for the tax installment plan, you will be required to pay the calculated outstanding amount up to that time. Then your monthly payment will be prorated over the remaining months up to and including December.
3. Please attach your cheque marked VOID or a Pre-Authorized Debit form (PAD) from your financial institution.
4. For a joint account, if more than one signature is required on cheques issued against the account; all depositors must sign this form.
5. While on the tax installment payment plan, the Tax Penalty Bylaw does NOT apply.
6. In the event that you change your bank account, a "VOID" cheque of your new account must be forwarded to the tax department at least two weeks prior to your next payment.
7. If your property is sold, **it is your responsibility** to notify the tax department at the Summer Villages Office, in writing, at least two weeks prior to the next payment date.
8. If your monthly payments are returned NSF for two subsequent months, you will be charged with the NSF bank charges, the tax installment plan may be cancelled and all property taxes shall become due and payable. The provisions of the Tax Penalty Bylaw will apply.
9. Complete this form and return to:

Summer Villages Office
Box 100
Ma Me O Beach, AB T0C 1X0

Or by email to: information@svofficepl.com

Or by fax to: 780-586-3567