



Tax Installment Payment Plan Agreement

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Roll Number (Tax Notice)

Property Address: _____

Name: _____ Phone: _____

Bank Account Holder

Name: _____ Phone: _____

Joint Bank Account Holder

E-Mail Address: _____ Start Date: _____

MM/DD/YY (Choose either the 15, 30th or both)

For Office Use Only

Please submit completed application, **include a sample cheque marked "VOID" or an account confirmation from your financial institution at least ten (10) days before the next scheduled withdrawal date.**

Type of Agreement: Preauthorized Post-Dated Cheque

Amount: _____ Frequency: _____

Date Entered: _____ Entered By: _____

I/We authorize the Town of Slave Lake and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit the bank account identified above on the 15th and/or 30th day or each month for the current amount of my payment plan. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds to cover the pre-authorized withdrawal. In the event that two (2) payments are missed within a calendar year or a utility transfer goes unpaid after thirty (30) days this agreement will be automatically cancelled.

The monthly pre-authorized payment amount will be adjusted each January and June, if a change to the assessment occurs, if a supplemental assessment is processed, or anytime there is a change needed to bring the account to a zero balance by December 31st.

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

This authority is to remain in effect until the Town of Slave Lake has received **written** notification from me/us of its change or termination; this notification must be received at least ten (10) days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel this agreement at my/our financial institution or by visiting www.cdnpay.ca. **Pre-authorized payment cancellation and change of bank forms are available online at www.slavelake.ca or through the contact information below.**

Signature of Bank Account Holder

Signature of Joint Bank Account Holder

Name: _____

Name: _____

Date: _____

Date: _____

For details regarding the Tax Installment Payment Plan a copy of the bylaw can be viewed at www.slavelake.ca or contact the Town of Slave Lake office.

The personal information requested on this form is being collected by the Municipal Operation as required by the Town of Slave Lake, under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIP act) Section 33(c). If you have questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP Coordinator at 780-849-8000.

Return in person, by fax at 780-849-2633, or by e-mail at
propertytax@slavelake.ca or finance@slavelake.ca.