

Drop Completed from to 4912, 50 Ave, Kitscoty, AB Fax Completed form to Fax (780) 846-2716

Email Completed form to "taxes@county24.com"

Mail Completed form to Box 69, Kitscoty, Alberta, TOB 2P0 Call (780)-846-2244 in case of any question or concern,

OR

OR

OR

## PRE-AUTHORIZED DEBIT APPLICATION FORM- PROPERTY TAXES(TIPP)

I/we authorize County of Vermilion River and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all property taxes including any local improvement levies arising under my/our County of Vermilion River Property Tax account (s). Regular monthly payments for the monthly amount calculated below will be debited to my/our specified account on the  $15^{th}$  day of each month and which amount may increase/decrease in July to the amount shown on the annual Combined Property Assessment and Tax Notice to reflect monthly adjustments required on the new balance. If the  $15^{th}$  is a holiday or weekend, the debit will come out on the next working day. County of Vermilion River will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until County of Vermilion River has received written notification from me/us of its change or termination. This notification must be received at least fifteen (15) business days before the next debit is scheduled at the address provided below and all outstanding taxes on termination become due and payable and subject to penalties. Any payment returned three times N.S.F. will result in termination on the plan and all outstanding taxes become due and payable and subject to penalties. An account that has been terminated due to N.S.F. payments, must wait six (6) months before applying to go on the plan again. The deadline for application is April 1st. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.

County of Vermilion River may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>.

PROPERTY & TAX INFORMATION				
ROLL NUMBER:		CUSTOMER ID (office use):		
LEGAL DESCRIPTION:		LOT/Block/Plan		
LANDOWNER NAME:				
Last Name,		First Name		
MAILING ADDRESS				
Address	City:	Province		Postal Code
Phone #				
DIFACE ATTACLLA DI ANIC CUEQUE MADRED "VOID"				
PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"  FINANCIAL INSTITUTION INFORMATION (your payment will come from here)				
NAME OF FINANCIAL INSTITUTION:				
NAME OF FINANCIAL INSTITU	IION.			
Branch Address				
Address	City:	Provir	nce	Postal Code
BRANCH (5 digits) & INSTITUTI	ON NUMBER (3 dig	gits):		ACCOUNT NUMBER:
All persons whose signatures are required to sign on the bank account have signed the agreement below.				
Signature		Signo	nture.	Date
•	s, local improvemer	_		y tax arrears must be paid in full for
eligibility in the plan.	,		•	,