

SECTION 1: TYPE OF APPLICATION

☐ **New**
☐ **Change**
☐ **Cancellation**

SECTION 2: AUTHORIZATION

I request and authorize the City of Cold Lake to draw monthly payments from my/our account at the financial institution indicated by the sample void cheque attached. My/Our financial institution is authorized to deal with such debits as if signed by me/us. This will be the City's authority to debit my/our account as indicated below on the 15th day of each month.

On the date of enrolment for TIPP, I/we understand that I/we may pay 1/12 of the property tax levy for every month of the year that has passed or have the property tax levy or estimated tax levy divided amongst the remaining months – adjusted each year after the tax levy in May to account for any amount owing or overpaid.

For a joint account, I understand that all signatories must sign this application if more than one signature is required on the account. The application is continuous until cancelled by me.

The total amount of the automatic debit payments will be shown on your tax notice as a prepayment credit. If there is an amount owing or an over payment on your tax notice, it will be adjusted over the remaining auto debit payments for the remainder of the year.

The City of Cold Lake may cancel the privilege of continuing in the plan if two consecutive payments have been not honored, and any unpaid balance of taxes shall be subject to penalties.

This authorization may be:

- a.) Terminated by the City of Cold Lake at any time verbally or by timely written notice to the applicant at the applicant's address shown on the application form; or
- b.) Cancelled/changed by the applicant by timely written notice delivered to the City of Cold Lake (proof of delivery required). Such notice to come into effect with the applicant's NEXT billing round after such delivery.

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

I/We hereby understand and agree that I/we must abide by the provisions as set under Bylaw No. 752-FN-22, being the Tax Installment Payment Plan Bylaw.

SECTION 3: PROPERTY OWNER(S) INFORMATION

ROLL #:

Name:

Municipal Address:

Plan:

Block:

Lot:

SECTION 4: SIGNATURE(S) OF BANK ACCOUNT HOLDER(S)

Bank Account Holder Name:

Bank Account Holder Name:

Bank Account Holder Signature:

Bank Account Holder Signature:

Date:

Date:

Effective Date:

*****ATTACH A SAMPLE CHEQUE MARKED VOID*****

Please return the completed form and void cheque to City Hall or email to taxes@coldlake.com

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information.