



# TOWN OF TOFIELD

## Pre-Authorized Instalment Tax Payment Application and Authorization

### Application and Authorization Agreement

Current taxes, local improvement levies plus any tax arrears must be paid in full prior to applying.

Tax Payer Name: \_\_\_\_\_ Roll Number \_\_\_\_\_

Tax Payer Name \_\_\_\_\_ Payment Date Requested 5<sup>th</sup> \_\_\_\_\_

Phone Number home \_\_\_\_\_ Cell \_\_\_\_\_ 17<sup>th</sup> \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Current Taxes: \_\_\_\_\_

Property Address: \_\_\_\_\_ Initial Monthly Payment: \_\_\_\_\_

1. I hereby authorize Town of Tofield and its Financial Institution to debit my account monthly at the financial institution named below, for annual property taxes, including any local improvement levies, payable to Town of Tofield.
2. Your current tax levy will be divided by 12 to establish your monthly payments for January to June. Your monthly payment will be adjusted in July to compensate for changes in your annual levy. Your annual tax bill will show the total installments to date and the calculation of the installments for the remaining year.
3. This agreement will remain in effect until Town of Tofield receives a notice of cancellation, 15 days prior to the next due date, from me or my financial institution, or until I submit a new direct debit form.
4. In the event of a sale or change in bank accounts it is your responsibility to notify the Town of Tofield to arrange for cancellation.
5. Any payments returned NSF or otherwise non-negotiable shall be subject to a service charge. Regular collection procedures shall apply to any returned payment. If two (2) payments are defaulted this agreement will be cancelled and all taxes shall be due and payable in accordance with the Tax penalty By-Law of the Town of Tofield.

### Account Information

**Void cheque with banking information must be attached**

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Branch: \_\_\_\_\_ Institution: \_\_\_\_\_ Account No: \_\_\_\_\_

### Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_