



TAX INSTALLMENT PAYMENT PLAN (T.I.P.P.)

1. Customer Information *(Please print clearly)*

Name: _____ Phone: _____

Mailing Address: _____

Tax Roll # _____ Legal Description: _____

Current Tax Levy: _____ Monthly Tax Payment (Tax Levy divided by 12): _____

2. Tax Installment Payment Plan Details

- the treatment of each payment shall be the same as if I/We had personally issued a cheque authorizing payment as indicated and to debit the amount specified to my/our bank account by way of Customer PAD (Pre-authorized Automatic Debit).
- Payments dishonored by my/our banking institution are subject to a service charge by the Town.
- after two dishonored payments the plan will be cancelled by the Town of Sundre and penalties are applicable.
- no discounts will be granted for prepayments, January to June, nor will penalties be levied on payments July to December.
- in the event of a sale of the above property or a change in banking information, it is the customer's responsibility to immediately notify in writing the Town of Sundre - Tax Department.
- T.I.P.P. payments are non-refundable and are not transferable to other tax roll accounts.
- T.I.P.P. automatically continues from year to year until notification to cancel is received at the Town office.

3. Bank Account Information

**** Attach VOID Cheque or Direct Debit Request Form completed by your Banking Institution.**

Financial Institution (FI): _____

FI ADDRESS: _____

City/Town: _____ Province: _____ Postal Code: _____

4. Pre-Authorized Debit (PAD) Agreement

For Personal _____ or Business _____ use.

I/We authorize Town of Sundre to debit the bank account identified above for monthly tax installment payments as indicated above on the 20th day of each month or first business day after beginning January 20th, 20____ or the 20th of the first month after taking over an existing Tax Installment Payment Program as the new owner of the property described herein.

Notice of a change in the monthly PAD amount will be provided on your annual Town of Sundre Tax Notice or by written notice as needed from time to time but no later than 10 days before the next scheduled Debit.

I/We may revoke my/our authorization at any time, subject to providing written notice to the Town of Sundre at least 10 business days before the next debit is scheduled. 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.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for a 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

Authorized Signature/s _____ Date _____

Identification Requirement for PRE-AUTHORIZED DEBIT APPLICANTS:

Upon receiving a paper PAD Agreement from our customer, the Town of Sundre will require verification of identity of the applicants in the form of two (2) pieces of identifying information as follows:

Driver's License, Birth Certificate, Provincial Health Care Card, Credit Card or Bank Statement or in the case of a business customer, a business license.

Town staff will record the numbers off the I.D. on the back of the paper PAD Agreement and the PAD agreement will remain on file at the Town office for seven years (in compliance with our records maintenance practices).

To verify identity when accepting Electronic PAD Agreements the agreement must accompany copies of two (2) identifying pieces of information (listed above) and will be kept with the electronic PAD Agreement at the Town office.

The personal information requested on this form is being collected under the authority of the *Municipal Government Act* and under the provisions of the *Protection of Privacy Act* (POPA), Section 4. The information collected will be used to administer the Tax Installment Payment Plan (TIPP). If you have any questions about the collection or use of your personal information, contact the Town of Sundre POPA Coordinator at 403-638-3551 or email: townmail@sundre.com

FOR OFFICE USE ONLY		VERIFYING INITIALS _____
Driver's License # _____	Credit Card # _____	
Health Care Card # _____	Birth Certificate # _____	
Other _____		