

TAX INSTALMENT PAYMENT PLAN APPLICATION AND PRE-AUTHORIZED DEBIT FORM

TOWN OF CARDSTON
ASSESSMENT & TAXATION DEPARTMENT
67 3rd Avenue West, Box 280, Cardston, AB Phone: 403-653-3366

OWNERS/APPLICANT

NAME _____ DATE OF APPLICATION _____

MAILING ADDRESS _____ ROLL NUMBER _____

CITY/TOWN _____ CURRENT TAXES _____

PROVINCE _____ POSTAL CODE _____ PROPERTY ADDRESS _____

MONTHLY PAYMENT AMOUNT _____

NAME OF FINANCIAL INSTITUTION _____ BRANCH ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____ PHONE # _____

Institution _____ Branch I.D. _____ Account No. _____

1. For payment under the tax instalment payment plan, I/We authorize the Town of Cardston and its Financial Institution to debit my/our account listed above;
*for all taxes payable to the Town of Cardston, on the above noted tax account;
*in 10 equal payments on the third business day of each month from August to May of each year; and
*a single & separate current year adjustment payment not to exceed the current years total tax due less payments received to be debited on the last business day of June.
2. A specimen cheque for my/our account marked "VOID" is attached to this application form.
3. This authorized Debit and Tax Instalment Payment Plan may be cancelled upon written notice by me/us not less than 14 days prior to the next due date, AND I UNDERSTAND THAT NO PAYMENT DISCOUNT SHALL BE ALLOWED ON ANY CANCELLED PLANS.
4. I/We acknowledge any payment not honoured or processed by my/our bank is subject to a service charge, and that all dishonoured payments made under this plan and service charges must be paid in full within 14 days of the instalment date to continue participation in the plan, subject to the approval of the Chief Administrative Officer.
5. In the event I/we change my/our bank account, I/we will notify the Town of Cardston not less than 14 days prior to the next due date and provide a current cheque marked "VOID".
6. All persons whose signatures are required to sign on the bank account listed above, have signed their agreement below.
7. By copy of this Application/Pre-Authorized Debit Form being provided to the applicant/owner constitutes notification of the Terms and Conditions of the Pre-Authorized Debit and the Electronic Funds Transfer Service provided by the Town of Cardston.
8. I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").
By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Signature _____ Signature _____

Date _____ Phone: Res: _____ Bus: _____

PLEASE NOTE:

- *For eligibility this application form must be received by the Town of Cardston no later than July 10, to be eligible for payment of the following year's taxes unless special permission is granted.
- *Your tax account must be **PAID IN FULL** to be eligible to make payments under the Tax Instalment Payment Plan.
- *The rate of discount applied to each prepayment shall be as specified in the most current tax instalment payment by-law.