



## MUNICIPALITY OF CROWSNEST PASS TAX INSTALLMENT PAYMENT PLAN

Box 600, Blairmore, AB T0K 0E0 Ph: (403)563-2203 Fax: (403) 563-5474

Email: [taxroll@crowsnestpass.com](mailto:taxroll@crowsnestpass.com)

<b>Name:</b>	<b>Customer ID:</b>
<b>Phone:</b>	<b>Mailing Address:</b>
<b>Email:</b>	<b>Street Address:</b>
<b>Sign up for Paperless Notifications:</b>	<b>Type of Service:</b> ___ Personal PAD ___ Business PAD

**Direct Debit Plan ID (Please choose one)**

- MID 15<sup>th</sup> of Each Month (Divided by 12) May require minimum payment if starting after January 1<sup>st</sup>
- END 30<sup>th</sup> of Each Month (Divided by 12)
- BOTH 15<sup>th</sup> & 30<sup>th</sup> of Each month (Divided by 24)

ROLL NUMBER	TAX LEVY – CREDIT (IF ANY)	÷ # OF PAYMENTS = PAYMENT AMOUNT

1. To be eligible for the Pre-Authorized Tax Payment Plan your property tax account must be paid in full.
2. In the event of a property sale, it is my/our responsibility to arrange for cancellation or transfer of the plan by notifying the Municipal Office 14 days prior to your next payment.
3. This authorization may be cancelled at any time by written notice to the Municipal Office not less than 14 days prior to your next payment. Changes to banking information, likewise must be received 14 days prior to your next payment.
4. I/we acknowledge any payment not honored or processed by my/our bank is subject to service charge and participation in this program may be revoked if payments are returned as a result of insufficient funds. **If insufficient payment has not been rectified, it may be added to the final payment for the current year (December).**
5. 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 debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca)

**I/We hereby authorize an electronic PRE-AUTHORIZED DEBIT (PAD) for payment of current year's property taxes. Void cheque or authorized banking form attached.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
START UP DATE

*The personal information provided in this application is collected in accordance with Section 33 (c) of the Freedom of Information and Protection of Privacy Act. The information is required and will be used to manage and administer pre-authorized payments with the Municipality. If you have any questions about the collection or use of the personal information provided, please contact the Municipality's FOIP Coordinator at 403-562-8833.*