



MUNICIPALITY OF CROWNEST PASS TAX INSTALLMENT PAYMENT PLAN

Box 600, Blairmore, AB T0K 0E0 Ph: (403)563-2203 Fax: (403) 563-5474
Email: taxroll@crownestpass.com

Name:	Customer ID:
Phone:	Mailing Address:
Email:	
Sign up for Paperless Notifications: <input type="checkbox"/>	Type of Service: <input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD

Direct Debit Plan ID (please choose one)

- MID** 15th of Each Month (Divided by 12)
- END** 30th of Each Month (Divided by 12)
- BOTH** 15th & 30th of Each Month (Divided by 24)

Required minimum payment if starting after January 31st

		÷ #OF PAYMENTS
ROLL NUMBER	TAX LEVY - CREDIT (IF ANY)	= 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.
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.cdnpay.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