TAX INSTALMENT PAYMENT PLAN SERVICE (TIPPS)
APPLICATION/CHANGES/CANCELLATIONS

1084 Central Avenue Ÿ Prince Albert, SK Ÿ S6V 7P3
P: (306) 953-4320 Ÿ F: (306) 953- 4347 Ÿ E: <u>taxation@citypa.com</u>

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1. Please Fill in All Fields Below:

ROLL NUMBER	CIVIC ADDRESS	EFFECTIVE DATE *(When to start program)*
APPLICANT NAME	PRIMARY PHONE	EMAIL ADDRESS *(contact purposes only)*
APPLICANT NAME	PRIMARY PHONE	EMAIL ADDRESS *(contact purposes only)*
APPLICANT(S) FULL MAILING ADDRESS IF DIFFERENT THAN ABOVE		PAD CATEGORY: **PERSONAL**

Note: TIPPS applications must be received prior to December 10th in the case of January 1st implementation or by the 20th of the month prior to your first payment. If your application is received in the current taxation year the equivalent of the missed monthly payments must be made at the time of application. Please contact City Hall to find out what that amount that would be.

2. Type of Request: *(please check one)*

☐ New Application   Monthly Amount: $ _____

☐ Change of banking information   ☐ Do you own more than one property?

☐ Cancellation Request

> **If Yes, one form per property must be filled out**.
> Otherwise only the property indicated above will be changed.

3. Documents Provided: *(One of these MUST be provided)*

☐ Blank cheque marked <<void>>

☐ Pre-authorized payment form provided by your financial institution

I/We the applicant(s) authorize my/our above-named financial institution to electronically debit my/our account for the monthly tax instalment payment payable to The City of Prince Albert on the first day of each month as payment in part of the taxes for the above named property. The treatment of each payment shall be the same as if the undersigned had personally issued cheque. I/We acknowledge the right of The City of Prince Albert to cancel my/our participation in the payment plan if any debits are not honored by the participant's financial institution. Unpaid taxes as of the date of termination of participation in the plan are subject to penalties as per the Discounts and penalties By-law. I/We acknowledge there may be adjustments in the amount of the monthly payment year as a result of The City of Prince Albert's annual tax levy.

I/We agree to provide two weeks written notification if I/We change bank information, sell the property, or wish to cancel participation in the plan for any reason.

I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting <u>www.payments.ca</u>

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 <u>www.payments.ca</u>

4. AUTHORIZED SIGNATORS OF THE ABOVE ACCOUNT MUST SIGN THIS APPLICATION

SIGNATURE(S)	DATE (MM DD YYYY)	
		Taken By:
		Entered By: