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**M.D. OF PINCHER CREEK NO. 9**

**TAX INSTALLMENT PAYMENT PROGRAM (TIPP)**

**PRE-AUTHORIZED DEBIT APPLICATION FORM**

<b>NAME</b>		<b>DATE OF APPLICATION</b>
<b>MAILING ADDRESS</b>		<b>ROLL NUMBER</b>
<b>CITY/TOWN</b>		<b>CURRENT TAXES</b>
<b>PROVINCE</b>	<b>POSTAL CODE</b>	<b>LEGAL ADDRESS</b>

I/We authorize a debit, in paper, electronic, or other form in the amount as calculated with latitude for adjustments in accordance with the Tax Installment Payment Plan (TIPP) Bylaw, to be withdrawn on my/our account on the fifth (5<sup>th</sup>) day of each month, beginning January 5<sup>th</sup>, \_\_\_\_\_.

1. For payments under the TIPP program, I/we authorize the M.D. of Pincher Creek and its financial institution to debit my/our account as indicated by the attached void cheque:
  - for all taxes payable to the M.D. of Pincher Creek on this tax account;
  - in the amount of monthly payments as calculated pursuant to the TIPP bylaw, on the fifth (5<sup>th</sup>) day of each month;
  - if the fifth (5<sup>th</sup>) of the month falls on a non business day, the payment will be withdrawn on the next business day;
  - the amount may increase/decrease pursuant to the provision of the TIPP bylaw.
2. A specimen cheque for my/our account marked 'VOID' is attached to this application.
3. This authorized debit and the TIPP program participation may be cancelled upon written notice by me/us not less than fourteen (14) days prior to the next payment withdrawal date. Withdrawal of the TIPP program shall be subject to the provisions of the TIPP bylaw.
4. I/We acknowledge that in the event any payment is not honoured, a \$25.00 NSF fee will be applied, and an additional one and one half percent (1.5%) penalty on the payment amount will be applied as per the bylaw. In the event of two (2) consecutive missed payments, I/we acknowledge that my/our participation in the plan will be cancelled and all applicable penalties will be applied to the outstanding tax balance.

5. In the event of the sale of the above noted property, I/we will notify the M.D. of Pincher Creek in writing not less than fourteen (14) days prior to the next withdrawal date to arrange for cancellation from the TIPP program, and I/we will attempt to advise the purchaser of his/her option, upon application, to make payments by pre-authorized debit under the TIPP program. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a Pre-Authorized Debit agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
6. I/We will notify the M.D. of Pincher Creek in writing of a change in bank account information within fourteen (14) days prior to the next withdrawal date.
7. All persons whose signatures are required on the bank account being used for this TIPP application, have signed this agreement below.
8. Nothing in this TIPP form shall be interpreted to relieve the owner/applicant from the obligation to pay any taxes, including penalties, owing to the M.D. of Pincher Creek in the manner or on the date or dates for payment established by bylaw of the M.D. of Pincher Creek.
9. By copy of this form, the owner/applicant acknowledges notification of and agrees to abide by the Terms and Conditions of the Pre-Authorized Debit and the Electronic Funds Transfer Service provided by the M.D. of Pincher Creek's financial institution.
10. 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 Pre-Authorized Debit that is not authorized, or is not consistent with this agreement. To obtain a form for a reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**Please Note: For eligibility this application form must be received by the M.D. of Pincher Creek no later than December 15<sup>th</sup> for TIPP participation to start the following year. The requested tax account/accounts must be paid in full by December 15<sup>th</sup> to be eligible to make payments under the TIPP program.**

Signature of Applicant(s) \_\_\_\_\_

Date of Application \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

The personal information being collected on this form is for the sole use of administrating the M.D. of Pincher Creek's TIPP program, under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). It is protected by the privacy provisions of the FOIP Act. If you have any questions about this collection of information, please contact our FOIP Coordinator at 403-627-3130.

M.D. Acceptance \_\_\_\_\_ Date \_\_\_\_\_

Bank Transit \_\_\_\_\_ Branch \_\_\_\_\_ Account \_\_\_\_\_