



Ponoka County

TAX INSTALLMENT PAYMENT PLAN APPLICATION FORM

(Personal pre-authorized debit agreement)

Tax Roll Number: _____
(only 1 roll # per form please)

APPLICANT'S PERSONAL INFORMATION:

NAMES ON TITLE: _____	
BUSINESS NAME: (if applicable) _____	
LAND DESCRIPTION OR BLUE SIGN: _____	
MAILING ADDRESS: _____	PHONE # (HOME) _____
_____	PHONE # (CELL) _____
_____	PHONE # (WORK) _____
EMAIL ADDRESS: _____	

APPLICANT'S BANKING INFORMATION:

Attach cheque marked "VOID" here or attach form completed by your financial institution

PAYMENT INFORMATION: To be completed by Ponoka County

Annual tax levy year _____	Amount \$ _____
Tax levy divided by 12 months	\$ _____
Initial payment required	\$ _____ (____ months)
Monthly payment	\$ _____
Payment start date _____	
Date entered: _____	Received by _____

Terms & Conditions

Tax accounts must be at a zero balance (current) prior to the initiation of the Tax Installment Payment Plan.

The Plan runs from August to July of each year and continues each year unless cancelled by written notification. It is the responsibility of the applicant to advise the County by the 15th of every month of any changes required in that month (i.e. account information, sale of property or cancellation of plan).

Monthly payments are based on the prior years' assessment. Payments will automatically be adjusted in accordance with any change in the municipal tax levy or your assessment (i.e. you build a garage). Ponoka County will notify you when an adjustment is required.

Payments are withdrawn from the bank on the 20th of every month. Please note that July payments may vary if payments are returned or added fees are transferred (i.e. outstanding utilities) during the year. Account must have a zero balance at July 31.

I/we understand that dishonoured payments must be cleared with Ponoka County in order to continue with the tax installment plan. Please contact the office to make arrangements to bring your account payments current. I/we understand that tax payments are the responsibility of the landowner. Upon transfer of ownership of the properties described by the roll number herein, the tax installment payment plan will be discontinued.

I/we have read and understand the terms and conditions of the tax installment plan as stated above. I/we acknowledge that the information provided on this form is complete and correct and that all persons whose signatures are required to sign on the account at my/our financial institution have signed the agreement below.

Signature

Signature

Date

FOIP Notification - The personal information you provide on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act and is used solely for the purposes related to the administration of Assessment/Taxation services. Questions about the collection or use of this information can be directed to Charlie Cutforth, CAO, Ponoka County at 403-783-3333.

