



TAX INSTALLMENT PAYMENT PLAN APPLICATION FORM

(Personal pre-authorized debit agreement)

Tax Roll Number: _____

TAXES MUST BE PAID IN FULL BEFORE JOINING TIPPS

(Only one per form please)

APPLICANT'S PERSONAL INFORMATION:

NAME ON TITLE: _____

BUSINESS NAME (If applicable): _____

LAND DESCRIPTION OR BLUE SIGN: _____

MAILING ADDRESS: _____ PHONE: _____

_____ CELL: _____

_____ WORK: _____

EMAIL ADDRESS: _____

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 \$ _____

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 July to June 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Payments are withdrawn from the bank on the 20th of every month.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 June 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 June 30.

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

The personal information collected through this form is for the purpose of processing applications – including eligibility, review and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act and the information collected will also be subject to the Access to Information Act. For questions about the collection of personal information, contact Peter Hall, CAO at ponokacounty@ponokacounty.com or at 403-783-3333.