

Town of Mayerthorpe P.O. Box 420 4911 – 52nd Street

P.O. Box 420 4911 – 52nd Street Mayerthorpe, AB T0E 1N0 Tel: 780-786-2416 Fax: 780-786-4590

Tax Instalment Payment Plan Agreement

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	ereby make application to enter into an agreement with the Town of Mayerthorpe for the purpose of paying taxes of a Tax Instalment Payment Plan (the "Plan").
This ag	reement is made this day of, A.D. 20_
Betwee	n
	(Hereafter called "The Taxpayer")
And	Town of Mayerthorpe
	(Hereafter called "The Town")
	AS The Taxpayer intends to pay the full amount of the current taxes by instalment through the Plan, and AS The Town provides for the instalment payment of current year's taxes by the Tax Instalment Payment Plan Bylaw.
	erefore, this agreement witnesses that:
1.	The Taxpayer hereby agrees to pay the monthly sum calculated according to the Tax Instalment Payment Plan Bylaw and any subsequent amending bylaws levied against the following property:
	Plan, Block, Lot TAX ROLL #
2.3.4. 5. 6. 7.	The Taxpayer hereby agrees to pay the said taxes in equal instalments, by electronic bank withdrawal. The Taxpayer agrees that no discounts will apply to the regular monthly instalments under a Plan. The Taxpayer entering into an Agreement after a monthly instalment payment due date shall be required to make all necessary payments starting from January 1st to the commencement of the Plan. A. The monthly instalments shall be equal to 1/12 of the Taxes payable calculated based on: i. For Taxpayers joining the Plan prior to issuance of Tax Notices for the current year, the previous Tax year's Taxes levied; and ii. For Taxpayers joining the Plan after the issuance of the Tax Notices for the current year, the current Taxes levied. B. The monthly instalments shall be recalculated once annually in July of the current year and any required adjustment to the monthly instalments based on the current year Tax levies will be effective for the July 15th instalment payment until the end of the year. The Taxpayer agrees that in the event of non-payment of an instalment, the Taxpayer will be advised of the default and given the opportunity to continue the Plan without penalty provided the missed instalment is paid prior to the next instalment coming due. In the event a second default in payment of an instalment occurs, the Agreement will terminate, and the Taxpayer will be removed from the Plan. When a Taxpayer is removed from a Plan after June 30, all unpaid Taxes become immediately due and payable. Upon the sale of the Taxpayer's property, the Agreement will terminate, and the Taxpayer will be removed from the plan. The Town hereby agrees that the penalty provisions set out in the Tax Penalty Bylaw do not apply to Taxpayers who have entered into an Agreement with the Town and are not in default under the Plan.
Per:	The Town The Taxpayer(s)

The personal information on this form is being collected pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act. For further

information please contact the FOIPP Coordinator, Town of Mayerthorpe, 780-786-2416.



TOWN OF MAYERTHORPE

Box 420 Mayerthorpe, AB T0E 1N0

Pre-Authorized Debit Authorization

I/We authorize the Town of Mayerthorpe and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Mayerthorpe Tax Account(s). Regular monthly payments for the installment amount will be debited to my/our specified account on the 15th day of each month. The payment amount is outlined within the Tax Installment Payment Plan Agreement. I/we understand that the debit to my/our account may increase/decrease pursuant to the provisions of the tax Installment and Penalty Bylaw and any subsequent amendments. The Town of Mayerthorpe will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect unless the Town of Mayerthorpe has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution.

The Town of Mayerthorpe may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with the PAD 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.

Type of Service:PersonalBu	isiness		
Name(s):		Date:	······································
Address:		Tax Roll #(s):	
City & Province:		Phone Number:	
Financial Institution (FI):			
FI Account #:	FI Transit Number:		
		5 digits	3 digits
Note: Please provide a VOIDED chequ	e or a Pre-authorized Trar	nsaction Form issue	ed by your financial institution
FI Address:	City/Town/Province:		Postal Code:
Authorized Signature(s)*:			