



TAX INSTALLMENT PAYMENT PLAN (TIPP) APPLICATION

CLEAR HILLS COUNTY

Roll Number:	Legal description:	Lot	Block	Plan	
Name and Mailing Address of Property Owner(s):		TO BE COMPLETED BY OFFICE			
		Tax Balance:			
		Previous Years Tax Levy:			
		Monthly Tax Payments:			
		Contact Number(s)	Verified By:	Date:	
		Home:	Cell:	Payments Begin:	

FINANCIAL INSTITUTION OF PROPERTY TAX PAYER

Name of Financial Institution:	Branch Address:		
City:	Province:	Postal Code:	
Branch & Institution Number:	Account Number:		

TERMS & CONDITIONS:

1. Date of Payment: 5th of the month _____ or 17th of the month _____
2. Business _____ Personal _____
3. The Method of Payment will be automatic withdrawal. I/We, as the signing officer(s) of the above noted account authorize Clear Hills County to debit my bank account covering payments due on the date specified above.
4. Should a **payment be returned** for any reason, the payment plus applicable service charges must be replaced within **10 business days** of being returned. If this occurs a **second time, the Plan may be terminated** at Clear Hills County discretion. All taxes will then become due and payable.
5. Should the **property be sold**, it is my/our responsibility to notify the Tax Department immediately in writing to **stop** the automatic withdrawal. In the event **I/We change my Bank Account**, I/We must notify the Tax Department in writing no less than 5 business days before the withdrawal date.
6. A **VOID cheque** for the above noted bank account must be attached to this authorization form.
7. **For Eligibility Clear Hills County must receive the TIPP application form no later than December 31st. The TIPP will automatically continue from year to year unless otherwise specified.**
8. I/We have the right to cancel this Pre-authorized Debit (PAD) agreement at any time. I/We must notify the Tax Department in writing no less than 5 business days before the withdrawal date. I/We may obtain sample cancellation forms, or further information on my/our right to cancel the PAD agreement, at my/our financial institution or by visiting www.cdnpay.ca.

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 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 www.cdnpay.ca.

Date

Signature

Clear Hills County

Signature

