

TOWN OF FORT MACLEOD

PO Box 1420, 236-23 Street

Fort Macleod, AB T0L 0Z0

Ph: 403-553-4425 ext 223 - Fax: 553-2426

tax@fortmacleod.com

In accordance with the **Tax Installment Payment Plan (TIPP)** Bylaw #1780.

I/we authorize the Town of Fort Macleod to begin an automated monthly withdrawal for payment of property taxes from the bank account identified on the attached voided cheque .

These services are for (check one) _____ Personal _____ Business

Roll Number: _____ Street Address: _____

Name: _____

Mailing Address: _____

Telephone Number: Daytime: _____ Cell: _____

e-mail _____

The Town will give ten days written notice of any changes to the payment amount in this agreement.

PAYMENT AMOUNT _____

The debit will be processed to your account on the **15th day of each month** or the next business day.

CANCELLATION: You the Payor, may revoke the Authorization at any time, subject to providing notice 10 days prior to payment /withdrawal date. Payor may obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement, contact your financial institution or www.cdnpay.ca

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more **information** on your recourse rights contact your financial institution or visit www.cdnpay.ca

Signature

Date