

**TAX INSTALMENT PAYMENT PROGRAM (T.I.P.P.)
AUTHORIZATION FORM**

NAME: _____

PROPERTY ADDRESS: _____

TAX ROLL# _____

ESTIMATED TAX LEVY: _____ T.I.P.P. MONTHLY PAYMENT: _____
Estimated Tax Levy Divided by 12):

I apply to enroll in the Town of Vegreville Tax Instalment Plan under the following terms and conditions:

- ☐ Please attach copy of void cheque
- ☐ To debit my/our account as indicated above for all estimated property taxes payable to the Town of Vegreville on the:
 - ☐ 15th day of each month beginning _____ (MONTH)
 - ☐ Last day of each month beginning _____ (MONTH)
- ☐ The treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing payments as indicated and to debit the amount specified to my/our account.
- ☐ Any returned payments will be subject to a service charge.
- ☐ This authorization may be cancelled at any time upon written notice by me/us.
- ☐ Any delivery of this authorization to you constitutes delivery by me/us.

Date

Signature

Phone Number

Signature

PLEASE NOTE:

- ☐ For verification purposes please enclose a VOID cheque verifying the account payments are to be drawn from.
- ☐ For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.
- ☐ In the event of a sale of the above noted property, or a change in bank accounts, it is your responsibility to immediately notify the Taxation Department at the Town Office to arrange for cancellation or transfer of the Plan.