PRE-AUTHORIZED WITHDRAWAL
TAX INSTALLMENT PAYMENT PLAN (TIPP)
APPLICATION FORM

INSTRUCTIONS

The Payee must retain this agreement for at least 12 months after the last Tax Installment Payment Plan (TIPP) is issued.

PAYOR/PAYEE INFORMATION

Account Holder(s) Name(s) and Address(es) (the "Payor")

TAX ROLL NO. _____

NAME _____

ADDRESS _____

CITY _____ **PROVINCE** _____ **POSTAL CODE** _____

PHONE _____ **EMAIL** _____

Payee Name and Address (the "Payee")

NAME Brazeau County

ADDRESS Box 77

CITY Drayton Valley **PROVINCE** Alberta **POSTAL CODE** T7A 1R1

PHONE 780-542-7777 **EMAIL** tosborne@brazeau.ab.ca

PAYMENT DETAILS

☐ Specimen cheque marked "VOID" attached. ☐ Account Verification Letter from Financial Institution

DESCRIPTION OF PAD TAXES	**PAYMENT TYPE** ☐ Personal TIPP ☐ Business TIPP	**PAYOR ACCOUNT** *(THE Payor's account at the Processing Institution, the "Account")* INSTITUTION / BRANCH ID / Account No.
AMOUNT OF PAYMENT ☐ **Fixed:** **$** **N/A** ☐ **Variable:** Maximum Amount **$**	**DATES** ☐ Monthly beginning _____	**PAYOR FINANCIAL INSTITUTION – NAME AND ADDRESS** *(the "Processing Institution")*

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("TIPs") against the Account with Processing institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of the Payee to be credited with the TIP to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.

By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 3, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 3.

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 TIPP that is not authorized or is not consistent with this TIPP 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

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

_____

Payor Signature Date

_____

Payor Signature Date

Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (DOES NOT APPLY TO SPORADIC TIPPS)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

_____

Payor Signature Date

CANCEL PAYMENT (15 DAYS NOTICE IS REQUIRED **BEFORE** THE NEXT TIPP WILL BE ISSUED.)

The Payor hereby cancels this Payor's TIPP Agreement effective: _____
(DATE)

_____

Payor Signature Date

_____

Payor Signature Date

Payment Information (To be completed by Brazeau County)

Annual Tax Levy: _____ Year $ _____ Amount

Tax Levy divided by 12 months: $ _____

Initial Payment required: $ _____ (____ months)

Monthly Payment: $ _____ Payment Start Date: _____

Date Received: _____ Received by (initials): _____

Copy of TIPP Application given to applicant: ☐ Yes ☐ No

TERMS AND CONDITIONS

1. Utility and Tax accounts must be current (taxes must be paid for the months prior to the first withdrawal month) prior to the initiation of the Tax Installment Payment Plan.
2. The plan runs from January to December of each tax year and continues each year unless cancelled by written notification. Applicants do not need to enrol each year.
3. Monthly payment amounts from June to December will automatically be adjusted in accordance with any change in the municipal tax levy as indicated on the property tax bill.
4. Payments are withdrawn from the Applicant's bank account on the last business day of each month.
5. Any payments withdrawn from the account that are dishonoured by the Applicant's financial institution by reason of non-sufficient funds, stop payment, account closure, etc., will entitle the County to remove the Applicant from the Tax Installment Plan without prior notice. Tax accounts will also be subject to the Brazeau County NSF Fee. All outstanding amounts become due and payable and subject to penalties.
6. Any amount left owing on the Applicant's tax account on the last business day of December each year will be automatically withdrawn from the Applicant's account on that day. If the December payment amount differs by more than $20 from your regular monthly payment, you will be notified by letter prior to the withdrawal.
7. In the event of a sale of the above property or a change in banking information, it is your responsibility to immediately notify the taxation department to arrange cancellation of the plan or to change your banking details.
8. It is the responsibility of the Applicant to monitor payments withdrawn from their bank account and to contact the County in the event of a discrepancy.
9. Any supplementary taxes levied are not included as part of TIPP. Any supplementary tax amounts outstanding after the due date will result in removing the Applicant from TIPP without prior notice.
10. Once a property owner has been removed from TIPP for any reason, Brazeau County will not reinstate the same property owner on TIPP until the following year.

AUTHORIZATION

I have read and understand the terms and conditions of the Tax Installment Payment Plan (TIPP) as stated above. I acknowledge that the information provided on this form is complete and correct.

I authorize Brazeau County and its Financial Institutions to debit the referenced account beginning on the date noted above in the *Payment Start Date* and on the 31st of each month thereafter until either party cancels this agreement.

This authorization may be cancelled at any time by the Applicant or Brazeau County, and all outstanding amounts become due and payable and subject to penalties.

_____ _____

Signature of Applicant Date Date

The personal information being collected on this Pre-Authorized Withdrawl application will be used for the purpose of the Tax Installment Payment Plan (TIPP). This collection is authorized by Section 4(c) of the *Protection of Privacy Act (POPA*). If you have any questions about the collection of this information, please contact Brazeau County's Access & Privacy Information Officer at 780-542-7777 or by email at awatt@brazeau.ab.ca.