Pre Authorized Payment Agreement - Tax

Classification	Category	Form No.
Council	**Administration & Finance**	**6003**

Reference Policy

AF 6.20 – Acceptance of Payments

Owner Name: _____

Roll Numbers:

_____

_____

Property Address: _____

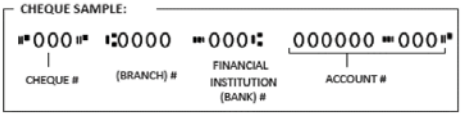
Mailing Address: _____

Telephone: _____ Email: _____

Financial Institution: _____ Branch Address: _____

Branch Transit Number Financial Institution Account No.

Attach a blank cheque marked "VOID".



Terms of Agreement

By signing this form, you are agreeing to the following terms and conditions:

1. For a joint account, I understand that all signatories must sign this application if more than one signature is required on the bank account.
2. If **TWO** monthly installment payments have been defaulted by the above taxpayer, the County of Stettler No. 6 Chief Administrative Officer shall cancel the said Pre-Authorized Tax Debit Agreement and all taxes owing shall be due and payable, in accordance with Bylaw 731. **NSF** charge will be applied.
3. This application may be cancelled on thirty (30) days written notice.
4. All current taxes and arrears owing on the above Roll Number must be paid in full prior to signing this Agreement.
5. In the event of a sale of the above-noted property, it is the applicant's responsibility to immediately notify the County of Stettler No. 6 Office to arrange for cancellation or transfer of the Pre-Authorized Tax Debit Agreement.
6. In order to be eligible, this completed form must be received by the County of Stettler No. 6 no later than December 1 of the year prior to the commencement of pre-authorized payments.

I/We hereby authorize the County of Stettler No. 6 and the financial institution designated to debit my bank account indicated for the charges arising under the above listed Roll Numbers. The payment for services will be debited on or as close to as possible, the first day of each month.

_____ _____

Signature of Account Holder Signature of Joint Account Holder (If Applicable)

Date: _____ Date: _____

Mail, fax or e-mail your completed form, along with a void cheque to:
County of Stettler No.6 - ATTN: Tax and Assessment Clerk
Box 1270 Stettler, AB T0C 2L0
E-Mail : tax@stettlercounty.ca Fax: 403-742-1277