



4924 - 47 Street | Box 397 • Redwater, AB T0A 2W0
Phone: 780-942-3519 • Fax: 780-942-4321
www.redwater.ca

Property Tax Installment Pre-Authorized Payment Plan

Customer Information

Name: _____

Tax Roll #: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

Bank Account Information

Deposit Account Number: _____ Transit #: _____

Bank #: _____
 Chequing Account Savings Account
 Personal Account Business Account

Financial Institution: _____

Address: _____

Pre-Authorized Debit (PAD) Details

I/We hereby authorize the Town of Redwater to debit the bank account identified above for _____ (monthly tax installment) on the 20th day of every month or the next business day, beginning in January, for all property taxes including any local improvements levies payable.

I/We hereby understand that I/We may revoke our authorization at anytime by completing a Pre-Authorized Payment Plan Cancellation form and returning it to the Town of Redwater no later than 15 days prior to the next withdrawal/due date. Cancellation forms are available by request at the Town Office or online at www.redwater.ca. A sample cancellation form is available at www.cdnpay.ca or by request at most financial institutions.

I/We hereby understand that any returned payments are subject to a \$25.00 service charge and may result in my/our termination from this plan. I/We understand that in the event of a returned payment the payment and service charge will be added to the next month's withdrawal.

In the event of the sale of the above noted property or a change in bank account, I/We will notify the Town of Redwater, in writing at least 15 days prior to the next due date, to arrange for withdrawal from the plan, or to provide the new bank account information.

Nothing in this Pre-Authorized Debit form shall be interpreted to relieve the owner/applicant from the obligation to pay any taxes, including penalties, owing to the Town of Redwater in the manner or on the date(s) for payment established by the Bylaw of the Town of Redwater.

I/We understand there maybe bi-annual changes in the amount of the monthly payment to reflect the Town's tax levy.

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 PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authorization

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____
(Please print)

Name: _____
(Please print)

Date: _____

Date: _____

When the form is completed, please mail or fax a copy to: **Town of Redwater**
P.O. Box 397
Redwater, Alberta T0A 2W0
Tel.: (780) 942-3519 Fax.: (780) 942-4321

The information on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is used solely for purposes relating to the Town of Redwater.

Eff. March 1, 2010