## Tax Installment Payment Plan T.I.P.P.

Legal Description:

Applicant(s) Name:

Tax Balance:



T.I.P.P. is a monthly tax installment payment plan by which taxpayers may make consecutive monthly payment for taxes rather than a single annual payment.

Your most recent annual tax levy is divided by 12 to establish a monthly payment amount. Payment amounts will be adjusted in May or June to compensate for changes in taxes resulting from the annual tax levy. Payments begin January 1st of the new year and continue for 12 consecutive months.

You may withdraw from the plan by giving notice in writing before the 1st day of the month preceding the next payment date.

If your property is sold, title transferred or you have a change in bank account information, it is the responsibility of the participant to inform the Tax Department in writing. We require the notice of change before the 1<sup>st</sup> of the month prior to the next withdrawal.

Roll Number:	Telephone:		Business Phone:	
Mailing Address:		Email:	Email:	
I/We authorize the County of We	etaskiwin to debit my accou	unt listed below.		
This authorization allows the Couproperty tax levy is current by De	·		y payments as required to ensure my/our annual ember 31).	
The treatment of each payment sto debit the amount specified to		e had personally is:	sued a cheque authorizing payments indicated a	
	rned payment. Once NSF p		vill be subject to a \$25.00 service charge. Regular is contract may become NULL and VOID and the	
I/We understand that any amour authorized withdrawal program.	nts owing to the County of	Wetaskiwin must	be cleared PRIOR to commencement of pre-	
providing written notice is receiv	ed by the 1 <sup>st</sup> business day	of any month. (ie.	The authorization agreement will be terminated, notice must be received on or before June 1 <sup>st</sup> to liately following the sale of the property.	
Signature:		Date:		

Previous/Current Year Tax Levy: Monthly Tax Payment: Payments Begin: Section 33(c) of the FOIP Act authorizes the County of Wetaskiwin No. 10 to collect this personal information for the purpose of pre-authorizing a payment

Return Completed form to: County of Wetaskiwin No. 10, P.O. Box 6960, Wetaskiwin, AB T9A 2G5 (780) 352-3321

To be Completed by Office