



Town of Gibbons

Box 68, Gibbons, AB, T0A 1N0
Phone (780) 923-3331 Fax (780) 923-3691

Gibbons - "Living at its Best"

PRE-AUTHORIZED WITHDRAWAL TAX PAYMENT PLAN AUTHORIZATION

TERMS AND CONDITIONS:

1. I agree to participate in the Pre-Authorized Tax Payment plan for consumer purposes and I authorize the Town of Gibbons to draw a debit in paper, electronic or other form for the purpose of making payment for taxes, on my account at the Financial Institution indicated below, and I authorize the Financial Institution to honor and pay such debits.
2. All property tax levies current and arrears, and including any supplementary tax levies, must be paid in full prior to the initiation of the Tax Installment Plan.
3. Payments are withdrawn from the Payer's bank account on either the 1st or the 15 of each month.
4. Any payments withdrawn from the account that are dishonored by the Payer's financial institution by reason of non-sufficient funds, stop payment, account closed etc., will entitle the Payee to remove Payer from the Tax Installment Plan after the third dishonored payment.
5. Any payments that are dishonored by the Payer's financial institution due to non-sufficient funds will incur a \$ 25.00 NSF fee, which will be added to the applicable tax roll and will be due and payable by the Payer together with the levied applicable penalties.
6. I understand that this plan runs from January to December each year with the monthly payment being based on the previous year's taxes plus an estimated increase forecast for the year in question. In May, the tax notice is sent out showing the current levy less the pre-authorized monthly payments to date.
7. Monthly payment amounts from June to December will be automatically adjusted in accordance with any increase in the municipal tax rate as indicated on the property tax bill.
8. I agree that any direction I may provide to draw pre-authorized payment drawn in accordance with this Authorization shall be binding on me as if signed by me, and in the case of paper debits, as if they were cheques signed by me.
9. I may revoke the Authorization at any time upon two weeks written notice to the Town of Gibbons office.

I UNDERSTAND AND AGREE TO THE FOREGOING TERMS AND CONDITIONS

DATE OF WITHDRAWAL: 1ST 15TH WITHDRAWAL START DATE:

NAME OF ACCOUNT HOLDER(S):

ACCOUNT HOLDERS ADDRESS:

ACCOUNT HOLDERS PHONE NUMBER:

NAME OF FINANCIAL INSTITUTION:

BRANCH ADDRESS:

ACCOUNT NUMBER:

BRANCH NUMBER:

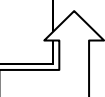
INSTITUTION NUMBER:

ROLL #

ESTIMATED TAX LEVY:

MONTHLY PAYMENT:

PLEASE RETURN THIS COMPLETED FORM WITH A BLANK CHEQUE MARKED "VOID" TURN PAGE



Collection and Use of Personal Information

Personal information is collected in accordance with section 3 of the Municipal Government Act and section 33 © of the Freedom of Information and Protection of Privacy Act. It will be used to process and activate pre-authorized montly charges of annual property taxes, including any local improvement levies payable to Town of Gibbons. If you have any questions about the collection and use of the information contact the Town of Gibbons FOIP Coordinator at (780) 923-3331.

_____	_____	_____
Applicant (print name)	Applicant Signature	Date
_____	_____	_____
Applicant (print name)	Applicant Signature	Date

Office use only:

Date processed: _____