



**TOWN OF CROSSFIELD
TAX INSTALMENT PAYMENT PLAN APPLICATION**

PLEASE PRINT

| | |
|-------------------------------|---|
| Tax Roll No: | Civic Address: |
| Applicant(s) Name: | |
| Applicant(s) Mailing Address: | |
| Phone No: | Type of Service: __ Personal or __ Business |
| Email Address: | |

I/We the applicant(s):

- authorize the tax collector to access my account for the monthly tax instalment payment payable to the Town of Crossfield on the 1st day of each month as payment in part of the taxes for the above-named property.
- those who wish to be included in the TIPP program may apply to the tax collector for inclusion provided that, at of the date of application, the following can be met:
 - a. Taxpayer does not owe taxes from any previous year pertaining to the property which is the subject of the application.
 - b. Taxpayer does not currently pay taxes through a mortgage company (P.I.T. – principal, interest, taxes)
- Acknowledge that under the TIPP program, we shall not be subject to the provisions of the town's most recent property tax bylaw relating to the due date for the payment of taxes, nor to the town's most recent penalties for unpaid taxes bylaw on taxes remaining unpaid.
- Agree that the TIPP instalments for the current year's Taxes will be collected from January to December of the current year, with the tax account balance to be paid in full by the December instalment.
- Agree that the most recent annual tax levy is divided by 12 to establish a monthly payment amount. When there are less than 12 months left in the year at sign up, the payment amount is based on the total tax levy remaining for the year, divided by the number of months left in the year.
- Agree all monthly instalment payments are due on the first day of each month and shall be paid by automatic bank withdrawal from a savings or chequing account at a bank designated by the taxpayer.
- Acknowledge payments are adjusted twice a year to ensure the taxes are paid in full by the end of the year in which taxes are levied.
- Acknowledge that our annual tax notice, usually issued between April & June each year, will show the total amount of instalments paid to date and the calculation of the monthly instalment payment for the remaining payments in that year.
- Acknowledge that if for any reason the taxpayer needs to change or cancel the TIPP, the taxpayer must send written notice to the Town Office a minimum of ten (10) working days prior to the next instalment payment.
- Acknowledge that the tax collector may remove a taxpayer from the TIPP program in the event the taxpayer fails to make payment of each tax instalment on the due date as required for each instalment. If two consecutive payments are missed, the tax collector shall cancel the agreement upon default and all unpaid taxes become due and payable and are subject to penalties in accordance with the towns most recent taxation bylaw.

- Agree that if any taxpayer payments are not honoured by their bank, the tax collector shall charge a service charge as noted in the town's most recent Fees and Rates bylaw.
- Acknowledge that in the event a taxpayer requests removal from the TIPP program, or is removed by the Tax Collector, all taxes due and owing shall then become due and owing on the due date for the payment of taxes as specified in the town's annual property tax bylaw and the provisions of the town's penalties on unpaid taxes bylaw apply to all unpaid taxes due and owing to the tax collector after the due date.

| AUTHORIZATION | |
|---|--------------------------|
| Authorized Signature: | Date Signed (MM/DD/YYYY) |
| **Authorized Signature: | Date Signed (MM/DD/YYYY) |
| <small>** For joint accounts where more than one signature is required on cheques, both are required.</small> TERMS AND CONDITIONS: See Municipal Tax Installment Bylaw 2020-12 | |

T.I.P.P. CALCULATION

Current Levy \$ _____ ÷ _____ months = Amount of Monthly Instalment Payment \$ _____

Beginning the 01 day of _____, _____

Please attach a VOID cheque or bank draft or complete the banking information below.

| | |
|--|----------------------------|
| Name of Financial Institution | |
| A. This is the cheque number | (do not enter this number) |
| B. This is the transit/branch number (5-digit number) | |
| C. This is the institution number (3-digit number) | |
| D. This is the account number. Please include any spaces that appear. | |

Date _____

Your Name _____
Your Address _____
Pay to the Order of _____ \$ _____
/100 Dollars

Bank Name _____
Bank Address _____

Signature _____
Note _____

⑈ 00000 1234567890101 9999-9999-5 ⑈

A
B
C
D

Sample Cheque

Please submit completed form & void cheque to town@crossfieldalberta.com ,
By Fax :403-946-4523 or in Person at 1005 Ross St. Crossfield, AB T0M0S0

This Tax Instalment Payment Plan agreement may be amended by the tax collector from time to time.

Bank account holders have certain recourse rights if any debit does not comply with this agreement. To obtain more information on recourse rights contact your financial institution or visit www.cdnpay.ca