

Tax Installment Payment Plan (TIPP)

Application Form



Municipality Information (the "Payee")

City of Wetaskiwin
4705 50 Avenue
Wetaskiwin, Alberta T9A 0R8

Contact information

(p) 780.361.4400
(e) taxation@wetaskiwin.ca

Applicant Information (the "Payor")

Name: _____ Tax roll number: _____
 Phone number: _____ Customer ID: _____
 Address: _____
 City: _____ Province: _____ Postal code: _____

Payment Information

Payment amount: _____	TIPP start date: _____
Payment date	1st of the month
Documentation attached	VOID cheque
Type of payment	Personal pre-auth debit
	Bank account verification letter
	Business pre-auth debit

Terms and Conditions

1. Tax accounts must be current (taxes must be paid for the months prior to the first withdrawal month) prior to the initiation of the Tax Installment Payment Plan (TIPP).
2. The plan runs from January to December of each tax year and continues each year unless cancelled by written notification. Applicants do not need to enroll each year.
3. Monthly payment amounts from July to December will automatically be adjusted in accordance with any change in the municipal tax levy as indicated on the property tax bill.
4. Payments are withdrawn from the Applicant's bank account on the 1 or 15 of the month as set out in this Application.
5. If three consecutive payments withdrawn from the account are dishonoured by the Applicant's financial institution by reason of non-sufficient funds, stop payment, account closure, etc., the City will remove the Applicant from the Installment Payment Plan without prior notice. Tax accounts will also be subject to the City of Wetaskiwin NSF Fee. All outstanding amounts become due and payable and subject to penalties.
6. In the event of a sale of the above property or a change in banking information, it is your responsibility to immediately notify the taxation department to arrange cancellation of the plan or to change your banking details.
7. It is the responsibility of the Applicant to monitor payments withdrawn from their bank account and to contact the City in the event of a discrepancy.
8. Once a property owner has been removed from TIPP for any reason, the City of Wetaskiwin will not reinstate the same property owner on TIPP until the following year.
9. The Applicant may cancel this authorization at any time by completing the Cancellation Form. This form can be obtained at City Hall (4705 50 Avenue) or by emailing taxation@wetaskiwin.ca. Cancellation requests must be received at least 15 days before the Applicant's next scheduled withdrawal date. The Applicant may obtain a sample cancellation form, or further information on their right to cancel a Pre-Authorized Debit Agreement, at their financial institution or by visiting www.payments.ca.

Waiver of pre-notification

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the pre-authorized debit due to a change in any applicable tax rate, top-up, or adjustment.

Authorization

I/We acknowledge that this authorization is provided for the benefit of the Payee and Financial Institution and is provided in consideration of the Financial Institution agreeing to process debits (TIPP) against the Account with the Financial Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

I/we warrant and guarantee that the person(s) who are duly authorized to sign on the Account have signed this Authorization and I/we authorize the Payee to debit my/our bank account on a monthly basis with respect to the property tax roll identified on this application.

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

I have read and understand the terms and conditions of the Tax Installment Payment Plan (TIPP) as stated above. I acknowledge that the information provided on this form is complete and correct.

I authorize the City of Wetaskiwin and its financial institutions to debit the referenced account beginning on the date noted above in the Payment Start Date and on allotted date of each month thereafter until either party cancels this agreement.

This authorization may be cancelled at any time by the Applicant or the City of Wetaskiwin, and all outstanding amounts will become due and payable and subject to penalties.

Signature(s) of applicant(s): _____ Date: _____