



**THE TOWN OF BLACKFALDS
PRE-AUTHORIZED TAX PAYMENT FORM**

Roll Number: _____ Name(s): _____
Customer ID: _____

Civic Address: _____

20 _____ Tax Levy _____ Divided by 12= _____

Pre-Authorized Monthly Tax Payments _____

I / We Hereby Authorize My / Our Bank

Name of Financial Institution

Branch Address

City

Province

Postal Code

Chequing Account Number

1. To Debit My/Our account as indicated above for all estimated property taxes payable to the Town of Blackfalds on the last day of each month starting on _____, 20 _____.
2. The treatment of each payment shall be the same as if I/We have personally issued a cheque authorizing payment as indicated and to debit the amount specified to My/Our account.
3. Any payments returned N.S.F. are subject to a \$25.00 service charge.
4. Privileges under the program will be cancelled should two (2) consecutive installments fail to be honored and the unpaid balance of taxes, if any, shall be subject to the Tax Penalty By-Law of the Town.
5. This authorization may be cancelled at any time upon written notice by me/us.
6. Pre-Authorized monthly payments will be adjusted at the time of issuing tax notices, so that the remaining taxes will be paid by December 31st, of that year.
7. The adjusted payment will remain in effect until the next year's tax notice has been issued, or the owner or Town as of January 1st of any year requests the adjusted amount to be reviewed if it can be shown if does not reflect a true estimate of that year's taxes.
8. Any credits as of December 31st of any year will be applied to the next year's taxes, unless a written request for a refund is received by the Town.

Date	Phone Number	Signature	Signature
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Please Note

1. For verification purposes please enclose one of your personal cheques marked "Sample".
2. For a joint account, all depositors must sign if more than one signature is required on cheques issues against the account.
3. In the event of a sale of the above noted property, or a change on Bank Accounts, it is your responsibility to immediately notify the Municipal Office to arrange for cancellation or transfer of the plan.

This information is collected under the authority of the *Municipal Government Act* and *The Freedom of Information and Protection of Privacy Act*, Section 33. This information will be used solely to administer the Pre-authorized Tax Payment Plan. Any questions related to the collection and use of this information should be referred to the Director of Corporate Services at (403) 885-4677.