



Pre-Authorized Instalment Tax Payment
Application and Authorization

Current taxes, local improvement levies plus any tax arrears must be paid in full prior to applying.

Tax Payer Name(s): _____ Phone Number: _____

Mailing Address: _____ Property Address: _____

Roll Number: _____ Current Tax Amount: _____

- a. I hereby authorize the Town of Two Hills and its Financial Institution to debit my account monthly at the financial institution named below, in accordance with rules of Payments Canada, for the purpose of annual property taxes payable to the Town of Two Hills.
- b. Your current tax levy will be divided by 12 to establish your monthly payments for January to June. Your monthly payment will be adjusted in July to compensate for changes in your annual levy; this payment amount will continue from July to June of the following year. This payment process will remain in effect for the coming years until the Town of Two Hills receives written notice to cancel this pre-authorized instalment tax payment agreement.
- c. I/we agree to waive the Payments Canada pre-notification requirement in respect to all debits drawn under this authorization.
- d. This agreement will remain in effect until the Town of Two Hills receives a written notice of cancellation, 10 business days prior to the next payment date, from me or my financial institution, or until I submit a new direct debit form.
- e. In the event of a property sale or change in bank accounts it is your responsibility to notify the Town of Two Hills; in writing to arrange for cancellation. Cancellation forms can be found at www.townoftwohills.com
- f. Any payments returned NSF or otherwise non-negotiable shall be subject to a service charge. Regular collection procedures shall apply to any returned payment. If two (2) payments are defaulted this agreement will be cancelled and all taxes shall be due and payable in accordance with the Tax Instalment Payment Program and the current Property Tax Rate Bylaw.

Void cheque with banking information must be attached

Name of Financial Institution: _____ Payment Date Requested: 1st or 20th

Branch Address: _____ Initial Monthly Payment: _____

Branch: _____ Institution: _____ Account No: _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____