

**TAX INSTALLMENT PRE-AUTHORIZED
PAYMENT PLAN APPLICATION
2022**



Bylaw #08-2019 - Schedule "B"

NAME: _____	TAX ROLL #: _____
MAILING ADDRESS: _____	LEGAL ADDRESS: PLAN _____
CIVIC ADDRESS: _____	BLOCK _____ LOT _____
LEGAL, ALBERTA TOG 1L0	PHONE #: _____
EMAIL ADDRESS: _____	ALT PHONE # _____

BANK ACCOUNT INFORMATION

Please have financial institution complete the following information or attach a VOID cheque:

DEPOSIT ACCOUNT NUMBER: _____ TRANSIT #: _____

BANK #: _____

Financial Institution: _____ **TELLER INITIAL:**

Address: _____

1. I/We, owner of the above-described property, hereby authorize the Town of Legal to debit the bank account identified above for the monthly tax instalment on the twenty-fifth (25th) day of every month or the next business day, beginning in January, for all property taxes including any local improvements levies payable. The **monthly tax payment is \$** _____ which may be increased or decreased on July 25th to the amount shown on the annual Property Assessment and Taxation Notice issued by the Town of Legal.
2. I/We hereby understand that should a payment be returned for any reason, the payment plus applicable service charges must be replaced within fourteen (14) days of the payment being returned. The privilege of continuing on the Plan may be cancelled if two (2) instalment payments fail to be received or honored. A Service Charge of \$25.00 will be applied to the taxpayer, and payable immediately upon the Taxpayer being notified by the Town that the instalment payment has failed, and the Plan shall become null and void. The unpaid balance of taxes shall be subject to penalties as indicated by Bylaw #05-2016 of the Town.
3. In the event I/we change my/our bank account, I/we must notify the Municipal Administration in writing no less than fifteen (15) days before the withdrawal date.
4. Should the property be sold, it is my/our responsibility to notify the Municipal Administration immediately and fill out the appropriate form to stop/cancel the automatic withdrawal.
5. Nothing in this Pre-Authorized Payment Plan form shall be interpreted to relieve the owner/applicant from the obligation to pay any taxes, including penalties, owing to the Town of Legal in the manner or on the date(s) for payment established by the Town of Legal.

6. 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 pre-authorized payments that is not authorized or is not consistent with this Pre-Authorized Payment Plan agreement. To obtain information on my/our recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
7. I/We hereby understand that I/we may revoke our authorization at any time by completing a Pre-Authorized Payment Plan Cancellation form and returning it to the Town of Legal no later than fifteen (15) days prior to the next withdrawal/due date. Cancellation forms are available by request at the Town of Legal Office. A sample cancellation form is available at www.cdnpay.ca or by request at most financial institutions.
8. I/We warrant and guarantee that all persons authorized to sign on this account have signed this agreement below.

AUTHORIZATION:

NAME OF APPLICANT (*Please Print*)

NAME OF APPLICANT (*Please Print*)

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DATE

DATE

When the form is completed, please mail or fax a copy to:

Town of Legal
Box 390
Legal, Alberta T0G 1L0
PHONE: 780-961-3773
FAX: 780-961-4133