



TOWN OF DAYSLAND
BYLAW No. 2010-484

TOWN OF DAYSLAND
MONTHLY TAX PAYMENT AGREEMENT

- Checkboxes for: New Application, Renew, Cancel Applicant from Plan, Change Account Number Only, Change Amount Only

TAX ROLL #
Owners(s):
Civic Address:
Mailing Address:
Telephone: Work:
Home:

Estimated Tax Levy \$
(based on 202\_\_ levy)
First Installment Due \$
Less: Credit Owing \$
Total Due \$
Monthly Payments \$

THE FOLLOWING REQUIREMENTS ARE HEREBY AGREED TO:

- 1. Payments to the Town of Daysland can be made by post-dated cheques or through direct debit. Applicants wishing to enroll in the Monthly Tax Payment Agreement Program after January 1 of the current year must pay all monthly installments due up to the date of enrollment. For example, if an applicant enrolls in March, they must pay the equivalent of three (3) monthly installments upon enrollment (i.e., estimated annual tax levy/12 x 3).
2. In June of the current year, after the current year's taxes are levied on the above property, the outstanding balance will be divided into six (6) equal payments. The Town of Daysland will adjust the amount of the six (6) payments on the first (1st) of each month from July to December based on the current years tax levy to ensure a balance of \$0.00 on December 31.
3. If two (2) monthly payments are defaulted by the above taxpayer(s), the Administration shall cancel the said Monthly Tax Payment Agreement and all taxes owing shall be due and payable in accordance with the Tax Penalty Bylaw of the Town of Daysland.,
4. This Agreement may be cancelled at any time upon written notice of the above taxpayer(s) or current property owner.

\_\_\_\_\_  
Date Taxpayer Signature Administrator

PLEASE NOTE:

- 1. All tax arrears owing on this property must be paid prior to signing this Agreement unless this requirement is waived by the Administrator and/or Council.

\_\_\_\_\_  
Waived by Administrator and/or Council Date

- 2. In the event of the sale of the above property, it is the taxpayer's responsibility to immediately notify the Town Office to arrange for cancellation or transfer of the said plan.



# Town of Daysland

5130-50<sup>th</sup> Street Box 610, Daysland, AB, T0B 1A0  
Ph: 780-374-3767; Fax: 780-374-2455  
[info@Daysland.ca](mailto:info@Daysland.ca) [www.Daysland.ca](http://www.Daysland.ca)

## AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN FOR TAXES

### INSTRUCTIONS:

Please complete all sections below. A separate application is required for each individual property.

Please sign and date the bottom of this authorization

**Return the completed form with a blank cheque marked "VOID" to the Town Office**

### TERMS AND CONDITIONS

I/We, \_\_\_\_\_

of \_\_\_\_\_

**Mailing Address**

**Postal Code**

As the owners of the following property,

**Roll No.** \_\_\_\_\_

**Legal Land Description (Lot, Block, Plan)**

**Municipal Civic Address**

**Phone Number(s):** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I/We agree to participate in the Pre-Authorized Debit Plan for Taxes, and I authorize the Town of Daysland to draw a debit in paper, electronic or other form for the purpose of making monthly payments for yearly taxes, after consultation with the Director of Finance on my account at the financial institution indicated below and I authorize the financial institution to honour and pay such debits.

I/We certify that all information provided with respect to the bank account is accurate and agree to inform the Town of Daysland in writing, of any changes in the account information provided by this authorization of at least ten (10) business days prior to the next due date of pre-authorized debit.

I/We may revoke this authorization and agree to inform the Town of Daysland in writing, by providing at least ten (10) business days prior to the next due date of pre-authorized debit.

Pre-Authorized Debits that are dishonoured as NSF are subject to a service charge (as per the Master Rates Bylaw) and the Tax account is subject to applicable penalties.

I/We, hereby authorize the pre-authorized monthly debit from

my/our Bank Account No. \_\_\_\_\_ (VOID cheque attached)

I understand and agree to the above terms and conditions:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE