



## Tax Installment Payment Plan (TIPP) Enrollment

1. Any person who owns property within the Town of Redcliff, and whose tax account is current, may elect to enter into a tax installment agreement with the Town of Redcliff prior to January 31<sup>st</sup> for the property taxes for that year.
2. Arrangements shall provide for twelve (12) monthly installment payments on the 15<sup>th</sup> day of each month if this form is received by the Town of Redcliff by December 31<sup>st</sup>, or eleven (11) monthly installment payments on the 15<sup>th</sup> day of each month if this form is received by the Town of between January 1<sup>st</sup> and January 31<sup>st</sup>.
3. Exceptions to the arrangement are when a property was purchased after January 31<sup>st</sup> but before June 30<sup>th</sup> of the year in which the taxes are imposed. In such cases, the first payment will include all monthly payments from January up to and including to the current month.
4. A TIPP is deemed to be no longer in good standing if the following situations occur: the EFT process fails; the taxpayer fails to pay a service charge in accordance with Town's Bylaws; and tax payer does not comply with the terms and conditions of the TIPP. As a result, the TIPP agreement will be deemed to be terminated.
5. The TIPP will continue until the customer makes a formal request to cancel, or they are cancelled by the Town of Redcliff.
6. Electronic signatures are accepted.

### Tax Installment Payment Plan Form

Customer Name: \_\_\_\_\_ Tax Roll Number: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Financial Institution (the "Bank"): \_\_\_\_\_

Branch Address: \_\_\_\_\_

Bank Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_ (Customer's name) authorize the Town of Redcliff to debit my/our account on the 15<sup>th</sup> day of each month for payments payable to the Town of Redcliff in respect to the above mentioned Tax Roll Number.

\_\_\_\_\_  
Authorized Signature for Account

\_\_\_\_\_  
Second Authorized Signature for Account (If applicable)

**ATTACH A VOID CHEQUE WITH SIGNED FORM FOR BANKING INFORMATION VERIFICATION**