

Tax Instalment Payment Plan (TIPP) Pre-Authorized Debit Terms

For payments under the Tax Instalment Payment Plan, I/we authorize the City of Medicine Hat and its financial institution to debit my/our account listed above;

- for all taxes payable to the City of Medicine Hat, on the above noted tax account;
- in the amount of monthly payments shown above, on the first day of each month beginning on the date indicated above; and
- which amount may increase/decrease pursuant to the provisions of the Tax Instalment Payment Plan Bylaw.

A specimen cheque for my/our account marked "VOID" is attached to this Application/Pre-Authorized Debit form.

This Authorized Debit and Tax Instalment Payment Plan may be cancelled upon written notice by me/us not less than 14 days prior to the next due date. Withdrawal from the Tax Instalment Payment Plan shall be subject to the provisions of the Tax Instalment Payment Plan Bylaw.

I/We acknowledge that in the event any payment is not honoured, penalties will be applied and my/our participation in the Tax Instalment Payment Plan may be cancelled, in accordance with the provisions of the Tax Instalment Payment Plan Bylaw.

In the event of a sale of the above noted property, I/we will notify the City of Medicine Hat in writing not less than 14 days prior to the next due date, to arrange cancellation of my/our payment, and I/we will advise the purchaser of his option to, upon application, make payments by pre-authorized debit under the Tax Instalment Payment Plan.

In the event I/we change my/our bank account I/we will notify the City of Medicine Hat in writing not less than 14 days prior to the next due date and provide a VOID cheque for the new bank account.

Any delivery of this Application/Pre-Authorized Debit Form to the City of Medicine Hat constitutes delivery by me/us.

All persons, whose signatures are required to sign on the bank account listed above, have signed their agreement below.

Nothing in this Application/Pre-Authorized Debit Form shall be interpreted to relieve the owner/applicant from the obligation to pay any taxes, including penalties, owing to the City of Medicine Hat or to pay any taxes, including penalties, owing to the City of Medicine Hat in the manner or on the date or dates for payment established by bylaw of the City of Medicine Hat.

By copy of this Application/Pre-Authorized Debit Form being provided to the applicant/owner the applicant/owner acknowledges notification of and agrees to abide by the Terms and Conditions of the Pre-Authorized Debit and the Electronic Funds Transfer Service provided by the City of Medicine Hat's Financial Institution.