

PRE-AUTHORIZED MONTHLY INSTALLMENT TAX PAYMENT PLAN AGREEMENT

BETWEEN LAC STE. ANNE COUNTY AND

Applicant/s:
Address:
Phone Contact:
Roll Number (s):
Legal Description:

Please select the payment date that you prefer and complete form accordingly.

ORIGINAL SIGNATURES ARE REQUIRED/ FAXED or EMAILED COPIES OF THIS DOCUMENT WILL NOT BE ACCEPTED.

DIRECT DEBIT AUTHORIZATION - Applicants MUST submit a VOID cheque with this completed application. – please check ☐

I/We hereby authorize LAC STE.ANNE COUNTY to submit request for monthly installments January through December each year, from my/our bank account, representing payment for current taxes.

The date I/we choose for this transaction shall be the 5th / 17th (circle your choice) of each month.

Lac Ste. Anne County will notify you of the adjusted payment amount after taxes have been levied for the current year. I/We understand that four working days notice must be given to Lac Ste. Anne County Administration if the need arises to postpone a transaction.

GENERAL CONDITIONS

Lac Ste. Anne County shall not be responsible or liable for any claim, demand, cost, expense, damage, penalty, delay or inconvenience to the applicant or any other person resulting from failure of Lac Ste. Anne County to perform any of the services herein contemplated arising out of any cause beyond the control of Lac Ste. Anne County.

I/We agree that if the property is sold or transferred, or bank account changes, I /we shall notify the Lac Ste. Anne County office administration immediately to arrange for cancellation or amendments to this agreement.

All amounts paid by me/us to Lac Ste. Anne County as a prepayment of current year’s taxes are non-refundable.

Lac Ste. Anne County may cancel the privilege of continuing in the plan, if two consecutive installments fail to be honored. The unpaid balance of taxes shall be subject to Lac Ste. Anne County’s Penalty By-Law No. 35 - 2008, which may be amended from time to time.

Penalties shall not be applied to my/our tax account/s having registered with a pre-authorized payment plan, unless the privilege has been revoked by Lac Ste. Anne County.

This agreement is in effect until such time that it is cancelled by either the applicant or Lac Ste. Anne County.

I/We hereby request that I/we be enrolled on the pre-authorized monthly installment tax prepayment plan.

⇓ Please Sign ⇓

Land Owner/Applicant

Land Owner/Applicant

IMPORTANT:

Developmental changes such as structural size, material quality, and completion of progressive homes under construction are just some of the factors that affect the market and will cause assessments to increase. If this applies to your property, you may want to make higher monthly payments earlier in the year to accommodate for potential tax increases on your next tax notice. Contact the Assessment Department at 1-866-880-5722 ext. 232 (Mark Sandul) or ext. 234 (Derek Kwiatkowski) if this situation applies to your property.

The personal information provided will be used to process the monthly payment plan with Lac Ste. Anne County and is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected on this form will only be used for the provision of the program you have registered in. If you have any questions about the collection and use of this information, please contact the Lac Ste. Anne County FOIP Coordinator at 1-866-880-5722 ext. 270. Box 219, 4928 Langston Street, Sangudo, AB T0E 2A0

Office Use Only
Approved By _____ Date: _____
Lac Ste. Anne County

Transit/Bank Acct. # - _____ -
CUSTOMER ID #

Please remember to return this completed application with your VOID personal cheque.

DYNAMICS	_____
EXCEL	_____
EXCEL(2)	_____