



844 Centre Street Box 370
 Carstairs, AB T0M0N0
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 www.carstairs.ca

Pre-Authorized Payment Plan Taxes

PLEASE PRINT CLEARLY

Type of Service _____ OR _____

Town of Carstairs Roll Number _____ Personal _____ Business _____

\$ _____ \$ _____

Current Tax Levy Monthly Payment (Tax Levy divided by 12) Date of First Payment

Owner's Last Name _____ First Name _____

Property Address _____ P.O. Box _____

Residence Phone _____ Business or Cell Phone _____

BANKING INFORMATION (for verification, please attach a cheque marked "VOID")

Name and Location of Financial Institution _____ Bank Account No. _____

TERMS AND CONDITIONS – IMPORTANT PLEASE READ

I, the undersigned, owner of the property listed above, agree to the following:

1. I hereby authorize the Town of Carstairs to debit my bank account on the 15th day of each month, starting the month specified above, for payment of property taxes for the above noted roll number.
2. While on this plan I will notify the Town of Carstairs immediately of any changes to bank account numbers to ensure payments are not rejected.
3. In the event a payment is dishonored as NSF, I agree to pay a \$40 NSF fee and understand that after two (2) consecutive, dishonored payments, this agreement will be cancelled by the Town of Carstairs and my account will be subject to tax penalties pursuant to the Tax Penalties Bylaw.
4. I understand that no tax discounts will be granted for the pre-payments of January to June, nor will any tax penalties be levied while I am on this monthly tax payment plan.
5. I understand that in January and July of each year, my monthly payments may be adjusted, based on the current year tax levy, to ensure my tax balance is at a zero balance on the 31st of December.
6. I understand that this is an agreement between myself and the Town of Carstairs and is NOT TRANSFERABLE to the new owner in the event the property is sold. In the event this property is sold, I agree to notify the Town of Carstairs immediately to arrange for cancellation of this agreement.
7. I have certain recourse rights if any debit does not comply with this agreement. For example: I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca
8. I understand that I may cancel this agreement at any time by providing written notice. I may obtain a sample cancellation form, or further information on my rights to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca. I further understand that should this cancellation occur after the 31st of July tax penalties may be applied, pursuant to the Tax Penalties Bylaw, unless the full balance is paid with the cancellation.

Signature

Date

The personal information requested on this form is being collected in order to process your application, and is governed by the Freedom of Information & Protection of Privacy Act (FOIPPA). If you have any questions with respect to the collection or release of this information, please contact the Manager of Finance & Administrative Services at Town Office.

