

TOWN OF STETTLER
PERSONALLY APPROVED PAYMENTS AUTHORIZATION

Please complete all sections below to instruct your financial institution to make payments directly from your account to the Town of Stettler. **Please include a blank cheque marked "VOID".**

Subscriber(s)

Financial Institution Information

Name: _____

Address: _____

Town: _____ Postal Code _____
Phone: _____

Name: _____
Address: _____
Town: _____
Branch No: _____ Bank No: _____
Account No: _____

I (we) the account holders authorize the Town of Stettler and the above noted financial institution to debit my (our) account until such time as written notice to the contrary is given by me (us) to the Town of Stettler.

The branch of the financial institution at which I (we) maintain the account is not required to verify that the payment(s) is drawn in accordance with this authorization.

A debit, in paper, electronic or other form in the amount shown on the Pre-Authorized Tax Payment Plan and Tax Notice sent to me (us) every year may be drawn on my (our) account on the first day of each month, beginning January 1st of the year this agreement is signed. The amount may be increased or decreased at a future date as per notices sent to me (us) by the Town of Stettler. The Town of Stettler will, to the best of their ability, advise me (us) in writing of the revised amount in advance of its effective date.

If after two (2) monthly installment payments are defaulted by the above taxpayer, the Assistant CAO shall cancel the said Personally Approved Payments Authorization Agreement and all taxes owing shall be due and payable in accordance with Bylaw 2056-14.

I (we) will notify the Town of Stettler, in writing, of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit. If this agreement is terminated between January 1st and June 30th all current taxes are due and payable by 4:30 p.m. June 30th. If the agreement is terminated between July 1st and December 31st all taxes are payable on the date of termination and subject to any applicable penalties.

Signature of Account Holder (s)

Date

Roll Number(s) of Property on Plan

Civic Address of Property on Plan

The personal information on this form is collected under the authority of Section 32 of the Alberta Freedom of Information and Protection of Privacy Act. The information will enable us to process your application and is necessary for municipal operations. If you have any questions about the collection or use of this information, please contact the Secretary-Treasurer of the Town.