



Office Use		
Effective Date:	_____	
Estimated Amount:	_____	
Based on:	_____	
Months Received:	_____	
Total Paid:	_____	
Copy to Customer	Y	N

Fort Electronic Payment Plan for Taxes

Your Property Taxes are **NOT** being paid through your mortgage: (check the box to confirm)

Is your home a brand new build? Yes No

If so, please provide the estimated purchase price: _____

Customer Name: _____ Tax Roll: _____

Property Address: _____ E-mail: _____

Phone No (Res): _____ Phone No (Cell): _____

1. I/We hereby authorize the City of Fort Saskatchewan and its Financial Institution to debit from my/our account listed on the attached **void cheque** for property tax levies payable to the City of Fort Saskatchewan on the **15th of each month**.
2. Applications must be received on or before the last business day of the month to allow sufficient time for the first payment to be processed on the 15th of each month following the approved application.
3. A cheque belonging to the home owner marked **“VOID”** must be attached to this application.
4. The form must be completed and signed by an owner whose name appears on the tax roll.
5. For eligibility to participate in the plan all outstanding property taxes and penalties must be paid in full, including the months previous to the effective date of the current tax year.
6. This authorization may be cancelled at any time upon written notice by me/us, at which time all outstanding amounts become due and payable and subject to penalties. A payor may obtain a sample cancellation form with further information of their right to cancel a Pre-Authorized Debit Agreement, at their financial institution or by visiting www.cdnpay.ca.
7. Any returned payments may result in my/our termination from the plan and are subject to a fee in accordance with the Fees and Charges Bylaw.
8. In the event of the sale of the above noted property or a change in bank account, I/we will notify the City of Fort Saskatchewan in writing 15 days prior to the next due date, to arrange for cancellation of the plan, or provide the change of banking information along with a cheque marked **“VOID”**.
9. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
10. Nothing in this Pre-Authorized Debit Form shall be interpreted to relieve the owner/applicant from the obligation to pay any taxes, including penalties, owing the City of Fort Saskatchewan in the manner or the date(s) for payment established by the bylaw.
11. I/We understand there maybe changes in the amount of the monthly payment each year to reflect the City’s tax levy. The annual tax bill will describe changes in detail.
12. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any pre-authorized debit that is not authorized or is not consistent with this pre-authorization agreement. To obtain a form for a Reimbursement claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Signature: _____ Date: _____

The information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to City operations. Should you have questions about the collection of this information please contact the City of Fort Saskatchewan FOIP Coordinator at 780.992.6200. 12/19/2018