

# Tax Pre-authorized Payment Plan

Application Form



## Municipality information (the “Payee”)

City of Wetaskiwin  
4705 50 Avenue  
Wetaskiwin, Alberta T9A 0R8

**Contact information**  
(p) 780.361.4400  
(e) taxation@wetaskiwin.ca

## Applicant information (the “Payor”)

Name: \_\_\_\_\_ Tax Roll No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment information

**Payment classification**       Residential PAP       Non-residential PAP  
Name of financial institution: \_\_\_\_\_  
Address of financial institution: \_\_\_\_\_  
Payor account number (where payment to be withdrawn): \_\_\_\_\_  
**Payment type**       Fixed (\$ \_\_\_\_\_ )       Variable (\$ \_\_\_\_\_ )  
**PAP Payment date**       1st of month       15th of the month  
PAP start date: \_\_\_\_\_  
**Documentation attached**       VOID cheque       Account verification letter

## Authorization

I/We acknowledge that this authorization is provided for the benefit of the Payee and Financial Institution and is provided in consideration of the Financial Institution agreeing to process debits (PAP) against the Account with the Financial Institution in accordance with the Rules of the Canadian Payments Association (the “CPA Rules”).

I/We consent to the disclosure of any personal information that may be contained in this authorization to the Financial Institution that holds the account of the Payee to be credited with the PAP to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.

By signing this authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on pages 2 & 3, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on pages 2 & 3.

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 PAP that is not authorized or is not consistent with this PAP 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 view Rule H1 on [www.payments.ca](http://www.payments.ca).

# Tax Pre-authorized Payment Plan

## Application Form



### Authorization (continued)

I/we warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this Authorization.

Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payor Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If only one signature is required for the Account, only one Payor needs to sign. If two or more signatures are required on the Account then all Payors must sign.*

### Waiver of pre-notification

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the pre-authorized debit due to a change in any applicable tax rate, top-up, or adjustment.

Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payor Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If only one signature is required for the Account, only one Payor needs to sign. If two or more signatures are required on the Account then all Payors must sign.*

### Terms and conditions

1. Tax accounts must be current (taxes must be paid for the months prior to the first withdrawal month) prior to the initiation of the Tax Pre-Authorized Payment Plan.
2. The plan runs from January to December of each tax year and continues each year unless cancelled by written notification. Applicants do not need to enrol each year.
3. Monthly payment amounts from July to December will automatically be adjusted in accordance with any change in the municipal tax levy as indicated on the property tax bill.
4. Payments are withdrawn from the Applicant's bank account on the 1st or 15th of the month as set out in this Application.
5. Any payments withdrawn from the account that are dishonoured by the Applicant's financial institution by reason of non-sufficient funds, stop payment, account closure, etc., will entitle the County to remove the Applicant from the Pre-Authorized Payment Plan without prior notice. Tax accounts will also be subject to the City of Wetaskiwin NSF Fee of \$25. All outstanding amounts become due and payable and subject to penalties.
6. Any amount left owing on the Applicant's tax account on the last business day of December each year will be automatically withdrawn from the Applicant's account on that day. If the December payment amount differs by more than \$20 from your regular monthly payment, you will be notified by letter prior to the withdrawal.

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### Terms and conditions (continued)

7. In the event of a sale of the above property or a change in banking information, it is your responsibility to immediately notify the taxation department to arrange cancellation of the plan or to change your banking details.
8. It is the responsibility of the Applicant to monitor payments withdrawn from their bank account and to contact the City in the event of a discrepancy.
9. Any supplementary taxes levied are not included as part of PAP. Any supplementary tax amounts outstanding after the due date will result in removing the Applicant from PAP without prior notice.
10. Once a property owner has been removed from PAP for any reason, the City of Wetaskiwin will not reinstate the same property owner on PAP until the following year.

### Authorization

I have read and understand the terms and conditions of the Pre-Authorized Payment Plan (PAP) as stated above. I acknowledge that the information provided on this form is complete and correct.

I authorize the City of Wetaskiwin and its financial institutions to debit the referenced account beginning on the date noted above in the Payment Start Date and on allotted date of each month thereafter until either party cancels this agreement.

This authorization may be cancelled at any time by the Applicant or the City of Wetaskiwin, and all outstanding amounts become due and payable and subject to penalties.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information being requested on this form is being collected under the authority of section 33(c), of the *Freedom of Information and Protection of Privacy Act* (FOIP). If you have questions about the collection, use, or disclosure of this personal information provided, please contact the City of Wetaskiwin's FOIP Advisor at 780.361.4400, foip@wetaskiwin.ca, or in-person at Wetaskiwin City Hall (4705 50 Avenue, Wetaskiwin, Alberta, T9A 0R8).

### Payment information (internal use only)

Annual tax levy Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Initial payment required: \$ \_\_\_\_\_

Monthly payment amount: \$ \_\_\_\_\_

Date application received: \_\_\_\_\_

Start date: \_\_\_\_\_

Received by (initials): \_\_\_\_\_

Copy of PAP provided to applicant?

Yes

No