

Tax Installment Payment Plan Application Form & Agreement



217 North Railway Avenue, Box 249
Morrin, AB T0J 2B0
403-772-3793
Email: info@starlandcounty.com

New <input type="checkbox"/>		Change <input type="checkbox"/>		Cancellation <input type="checkbox"/>		Phone: _____		Date: _____	
DEBIT (PAYOR)									
NAME: _____					ADDRESS: _____				
CREDIT (PAYEE)									
NAME: STARLAND COUNTY					ROLL NO. _____				
Contact Info for Business (payee):			Heather Flaman			heather@starlandcounty.com			
Starland County 217 North Railway Avenue Box 249 Morrin, Alberta T0J 2B0 403-772-3793 (ph) 403-772-3807(fx)									
DESCRIPTION OF PAD:									
<input type="checkbox"/> Business PAD		<input type="checkbox"/> Rent <input checked="" type="checkbox"/> Other, specify: <u>Tax Installment Payment Plan</u>							
<input type="checkbox"/> Personal PAD		<input type="checkbox"/> Fees							
* (<input checked="" type="checkbox"/> Payor Must include Void cheque or other Financial Institution Information Form for New or Change)									
PAYOR ACCOUNT INFORMATION: Bank: _____ Transit: _____ Account Number: _____									
START DATE		FREQUENCY			COUNTY FINANCIAL INSTITUTION –NAME AND ADDRESS (The "Processing Institution")				
_____		<input checked="" type="checkbox"/> Monthly Payment is withdrawn from your bank account on the last day of each month.			ATB Financial Box 1600, Drumheller, Alberta T0J 0Y0				
					AMOUNT TO BE DEBITED \$ _____ per month				
AUTHORIZATION:									
I/We acknowledge that this Authorization is provided for the benefit of the Payee and Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Bank Account with the Processing Institution in accordance with the rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, 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 page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Bank Account have signed the Authorization.									
_____ Payor Signature		_____ Date		_____ Payor Signature			_____ Date		
Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.									
STATEMENT OF NOTIFICATION:									
Starland County will notify the payor of any payment changes at least fifteen (15) calendar days prior to the next scheduled withdrawal.									
CHANGES OR PAYMENT CANCELLATIONS (15 CALENDAR DAYS NOTICE IS REQUIRED PRIOR TO THE NEXT DUE DATE OF THE PAD)									
The Payor hereby cancels/changes this Pre-Authorized Debit (PAD) Agreement effective: _____									
_____ Payor Signature		_____ Date		_____ Payor Signature			_____ Date		