

☐ Applicant Copy Issued

Date: __

City of Meadow Lake

Box 610 – 120 1st St East Meadow Lake, SK S9X 1Y5

Web: www.meadowlake.ca

Email: citytreasurer@meadowlake.ca

Email

In Person

<u>TIPPS – Tax Installment Payment Plan Service – Pre-Authorized Debit Application</u>

Ph: 306-236-3622

Fax: 306-236-4299

*Please Print Clearly Property Roll Number: Property Civic Address: Bank Account Holder Name: Phone: Joint Bank Account Holder Email Address: _____ TIPPS Start Date: Financial Institution Name: Branch Address: ____ Branch Transit Number Institution Number Deposit Account Number I/we authorize the City of Meadow Lake and the financial institution designated to debit the bank account identified above on the 6th day of each month, or the next business day, for the current monthly amount of my TIPPS plan. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds on deposit to cover the TIPPS withdrawal. The TIPPS monthly amount will vary during the tax year (January to December). The TIPPS monthly amount from January to June is based on the previous year's levy, and is adjusted each July based on the tax levy of the current year. The City of Meadow Lake will provide written notification of the changes to the withdrawal amounts, which will be mailed along with tax notices, at least ten (10) days before the withdrawal date. As TIPPS payments may be rounded throughout the year, the December withdrawal will be for the exact amount of outstanding property tax. Any additional charges added to the tax account throughout the year in accordance with *The Cities Act* (for example, charges for grass cutting under a Nuisance Bylaw Violation) will also be withdrawn with the December payment. 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 agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca. This authority is to remain in effect until the City of Meadow Lake received written notice from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. City of Meadow Lake cancellation and change of bank forms are available online at www.meadowlake.ca or by contacting City Hall. Signature of Bank Account Holder Signature of Joint Bank Account Holder Name: _____ Name: _____ (please print) (please print) Date: Date: Please submit completed application by mail, fax, email or in person. Include a void cheque and payment if applicable. For Office Use Only Received By: ____ Fax TIPPS Monthly Amount: _____ ____ Lump Payment Required: _____ Date Entered: _____ Entered By: _____ Checked By: _____ Mail