



TOWN OF CLARESHOLM

Tax Installment Payment Plan

Phone: (403) 625-3381 Fax: (403) 625-3869
Service Agreement for TIPP

I/we authorize the Town of Claresholm to begin an automated monthly withdrawal for payment of property taxes from the bank account identified on the attached voided cheque. If no cheque is available, the following banking information is required:

Bank & Branch: _____

Institution# _____ (3 digits)

Transit # _____ (5 digits) Account # _____

Each transaction will occur on **3rd day of the month** or the next business day if the 3rd falls on a weekend. If the payment on the 3rd is not processed, the Town will attempt to withdraw the funds again two business days later. This authorization will remain in effect until notification of termination is given in writing to the Town of Claresholm. In the event that two payments are defaulted in one year due to insufficient funds, this agreement may become null and void.

Date: _____ Tax Roll Account No.: _____

Name: _____

Street Address of Property: _____

Mailing Address: _____

Telephone: Home: _____ Business: _____

Authorized Signature

Authorized Signature

*****Please remember to attach your "VOID" cheque*****