CITY OF FORT SASKATCHEWAN
FINANCIAL SERVICES

10005-102 St
Fort Saskatchewan, AB T8L 2C5
780.992.6228|**finance@fortsask.ca**

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

Fort Electronic Payment Plan for Taxes

Your property taxes are NOT being paid through your mortgage: ☐ Y ☐ N

Applicant and Property Information

Applicant Name: _____	**Tax Roll:** _____
Property Address: _____	**Mailing Address:** _____
E-mail: _____	**Phone No.:** _____
Is this property a brand new build? ☐ **Y** ☐ **N** _____	**Estimated Purchase Price:** _____
Applicant Type: ☐ **Registered Owner** ☐ **Purchaser Awaiting Land Titles** _____	☐ **Tenant** ☐ **Family Member** ☐ **Other:** _____ _____

Banking Information

Void cheque or PAD form attached: ☐ _____	**Account Holder Name:** _____
Financial Institution: _____	**Branch/Transit and Account No.:** _____

Note: The City may request supporting documentation where the applicant is not the registered owner. The banking document must correspond with the applicant or account holder authorizing the debit.

Agreement Terms and Conditions

1. I/We authorize the City of Fort Saskatchewan and its financial institution to debit the account listed on the attached void cheque or PAD form for property tax levies payable to the City of Fort Saskatchewan on the 15th day 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 day of the following month, subject to City approval.
3. A cheque marked "VOID" or a PAD form must be attached to this application and must correspond with the applicant or account holder authorizing the pre-authorized debit under this agreement.
4. This agreement must be completed and signed by the applicant. Applicants may include registered property owners or other interested parties permitted to participate in the Tax Installment Program under Bylaw C27-26.
5. To be eligible to participate in the plan, all tax arrears and penalties from previous taxation years must be paid in full before enrollment. Where an applicant enrolls during the current taxation year, the remaining eligible balance may be divided equally over the remaining scheduled payment months in that year, as determined by the City.
6. The monthly installment amount may be based on an Estimated Levy until the annual Property Tax Bylaw is approved. Once the current year's tax levy is established, the City may adjust the remaining monthly installments to reflect the actual tax levy and any eligible current-year amounts owing.
7. 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 may be subject to penalties in accordance with the applicable bylaw. A payor may obtain a sample cancellation form or further information on their right to cancel a Pre-Authorized Debit Agreement from their financial institution or by visiting www.cdnpay.ca.
8. Any returned or unsuccessful payment may result in termination from the plan and is subject to a fee in accordance with the Fees and Charges Bylaw.
9. The applicant acknowledges that the City may re-present a returned or unsuccessful pre-authorized debit payment through the financial institution in accordance with the Tax Installment Program Bylaw and applicable banking rules.
10. In the event of the sale of the property or a change in banking information, I/we will notify the City of Fort Saskatchewan in writing at least 15 days prior to the next scheduled payment date to arrange cancellation of the plan or to provide updated banking information. Any updated void cheque or PAD form must correspond with the applicant or account holder authorizing the debit.
11. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed this agreement below.
12. Nothing in this Pre-Authorized Debit Agreement relieves the owner or applicant from the obligation to pay any taxes, penalties, or other amounts owing to the City of Fort Saskatchewan in the manner and on the dates established by bylaw.
13. I/We understand that the monthly payment amount may change each year to reflect the City's tax levy, and that the annual tax bill will describe any changes in detail.
14. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we may have the right to receive reimbursement for any pre-authorized debit that is not authorized or is not consistent with this agreement. To obtain a reimbursement claim form or more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Applicant Authorization

Signature: _____	**Date:** _____
Printed Name: _____	**Additional Account Holder Signature, if required:** _____

ATIA Collection Notice: This personal information is being collected and used under the authority of Section 4(c) of the Protection of Privacy Act for purposes relating to the administration of The City of Fort Saskatchewan's Pre-Authorized Payment Program. If you have questions about the collection, contact the Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200.