

**TOWN OF OYEN
 PRE-AUTHORIZED DEBIT FORM APPLICATION
 TAX INSTALLMENT PAYMENT PLAN
 BOX 360,
 OYEN, ALBERTA T0J 2J0
 PHONE: (403) 664-3511**

OWNERS/APPLICANT

NAME		DATE OF APPLICATION	
MAILING ADDRESS		ACCOUNT NUMBER	
CITY/TOWN		CURRENT TAXES	
PROVINCE	POSTAL CODE	PROPERTY LOCATION ADDRESS	
I/We hereby authorize a debit, in the amount of \$ _____ with latitude for adjustments in accordance with the Tax Installment Plan By-law, to be drawn on my/our account on the last banking day of each month beginning			
NAME OF FINANCIAL INSTITUTION		BRANCH ADDRESS	
CITY	PROVINCE	POSTAL CODE	PHONE NO.
APPLICANTS NAME (S) AS PER BANK ACCOUNT			
NAME			
NAME			

1. For payments under the Tax Installment Payment Plan, I/we authorize the Town of Oyen and its Financial Institution to debit my/our account listed above;
 - For all taxes payable to the Town of Oyen, on the above noted tax account,
 - In the amount of monthly payments shown above, on the last banking day of each month beginning on the date indicated above; and
 - Which amount may increase/decrease pursuant to the provisions of the Tax Installment Payment Plan By-Law No. 713-97.
2. Installment Payments will not be allowed on payments of taxes in arrears.
3. A specimen cheque for my/our account marked "VOID" is attached to this application/Preauthorized Debit form.
4. This authorized Debit and Tax Installment Payment Plan may be cancelled upon written notice by me/us not less than 14 days prior to the next due date. Withdrawal from the Tax Installment Payment Plan shall be subject to the provisions of the Tax Installment Payment Plan By-Law.
5. I/We acknowledge that in the event any payment is not honored, penalties will be applied and my/our participation in the Tax Installment Payment Plan may be cancelled, in accordance with the provisions of the Tax Installment Payment Plan By-Law.
6. In the event of a sale of the above noted property, I/We will notify the Town of Oyen in writing not less than 14 days prior to the next due date, to arrange cancellation of my/our payment, and I/We will advise the purchaser of his option to, upon application, make payments by pre-authorized debit or post-dated cheques under the Tax Installment Payment Plan.
7. In the event I/We change my/our bank account I/we will notify the Town of Oyen in writing and complete a new Application /Pre Authorized Debit Form not less than 14 days prior to the next due date and provide a current cheque marked "VOID".
8. Any delivery of this Application/Pre-Authorized debit form to the Town of Oyen constitutes delivery by me/us.
9. All persons, whose signatures are required to sign on the bank account listed above, have signed their agreement below.
10. Nothing in this Application/Pre-Authorized Debit Form shall be interpreted to relieve the owner/applicant from the obligation to pay any taxes, including penalties, owing to the Town of Oyen or to pay any taxes, including penalties, owing to the Town of Oyen in the manner or on the date or dates for payment established by by-law of the Town of Oyen.
11. By copy of this Application/Pre-Authorized Debit Form being provided to the applicant/owner the applicant/owner acknowledges notification of and agrees to abide by the Terms and Conditions of the Pre-Authorized Debit and the Electronic Funds Transfer Service provided by the Town of Oyen's Financial Institution.

Signature

Signature

Date _____

Phone: Res. _____ Bus. _____