

Town of Manning

Property Tax Installment Payment Plan (TIPP) Pre-Authorized Debit Form Schedule 'A'

OWNERS INFORMATION	For Office Use ONLY
ROLL NUMBER:	TAX BALANCE:
NAME(S):	PREVIOUS YEARS TAX LEVY:
LEGAL LAND DESCRIPTION:	MONTHLY TAX PAYMENTS:
PHONE NUMBER:	DATE RECEIVED:
MUNICIPAL ADDRESS:	PAYMENTS BEGIN:

A specimen cheque marked "VOID" or a pre-authorized debit form from your bank must be attached to this authorization

- 1. I/we hereby authorize the Town of Manning and its Financial Institution to debit my account number attached
 - For all property taxes including any local improvement levies payable to the Town of Manning;
 - In the amount of the monthly payment shown below, on the 20th day of each month beginning on the date indicated below;
 - And which amount may increase/decrease on June 20, to the amount shown on the annual Property Tax Notice issued by the Town of Manning.
- 2. This authorization may be cancelled at any time upon two weeks written notice by me/us, and all outstanding taxes become due and payable and subject to penalties.
- 3. Any payment returned N.S.F. may result in termination of the plan, and all outstanding taxes become due and payable and subject to penalties.
- 4. In the event of a sale of the above noted or a change in bank accounts, I/we will notify the Town of Manning in writing at least 14 days prior to the next due date, to arrange for cancellation, or to provide the new bank account information and a cheque marked "VOID".
- 5. Any delivery of this authorization to you constitutes delivery by me/us.
- 6. All persons who signatures are required to sign on this bank account have signed their agreement below.

PLEASE NOTE:

- 1. This application must be received by the Town of Manning no later than January 10 for the plan to be effective that year. If your application is received after that date, the Town of Manning may require a partial payment of taxes or will become effective the following year.
- 2. The current taxes, local improvement levies, plus any tax arrears must be paid in full for eligibility in the plan.

Signature(s):			