Box 289
230 Main Street East
Langham, Saskatchewan S0K 2L0
Phone: (306) 283-4842 Fax: (306) 283-4772
Email: admin@langham.ca Website: www.langham.ca

(T.I.P.P.S.) TAX INSTALLMENT PAYMENT PLAN SERVICE APPLICATION

Applicant(s) Name: _____
(Please Print)

Mailing Address: _____

Property Address: _____ Roll No.: _____

Residential Phone: _____ Business Phone: _____

I hereby authorize my/our bank to:

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

BRANCH #: _____TRANSIT #: _____ ACCOUNT #: _____

debit my/our account, as noted above, on the LAST DAY of the month, 20 _____ in the amount of

$ _____ to continue on the LAST banking day of each month until further notice. OR

debit my/our account, as noted above, for the current LEVY in the amount of $_____ in

equalized payments, to continue on the LAST banking day of each month until further notice.

The Town will make Monthly Payment Withdrawal Adjustments AFTER the New Levy is approved by Langham Town Council EACH year.

The Town will inform me in writing of the new amount before the 1st day of the Month in which NEW withdrawal fees are taken from my account.

I agree to abide by the conditions as specified in this Agreement.

Signature: _____ Signature: _____

Date: _____ Date: _____

You, the Payor, may revoke your authorization at any time in writing or by phone, subject to providing notice not to exceed 30 days. To obtain a sample cancellation form, or for more information on your rights to cancel this Agreement, contact your financial institution or visit www.payment.ca.

You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized for or is not consistent with this Agreement.

PLEASE RETURN THIS FORM & SAMPLE CHEQUE MARKED 'VOID'.