



Box 289
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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 \_\_\_\_\_, 20 \_\_\_\_\_ in the amount of
\$ \_\_\_\_\_ to continue on the LAST banking day of each month until further notice.

If you wish to adjust the amount of this application, you must inform the Langham Town Office 7 days prior to
the withdrawal date in writing.

The Town of Langham will not automatically adjust amounts based on any changes to the levy.

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'.