



ROLL NO.: _____
2017 Levy: _____
2018 Installment: _____

Name: _____

Address: _____

Legal Description: _____

**AUTHORIZATION FORM
MONTHLY TAX PAYMENT PLAN**

I/WE HEREBY AUTHORIZE MY/OUR BANK

FINANCIAL INSTITUTION: _____
BRANCH ADDRESS: _____
CITY AND PROVINCE: _____
BANK TRANSIT NUMBER: _____

PAYABLE TO TOWN OF SHAUNAVON

- √ To debit my/our account as indicated above on the 15th day of each month beginning Jan. 15, 2018.
- √ This authorization may be cancelled at any time upon written notice by me/us.
- √ Payments dishonored as N.S.F. are subject to a \$20.00 service charge.
- √ After two such dishonored payments, the plan may be cancelled by the Administrator of the Town of Shaunavon.
- √ After the 2018 tax levy is determined, the remaining monthly payments will be adjusted, if required.
- √ No discounts will be granted nor penalties applied to tax accounts participating in the plan.
- √ All taxes must be paid in full by December 31, 2017 to be eligible for this plan.
- √ In the event of a sale of the above noted property, or a change in bank accounts, it is the property owner's responsibility to immediately notify the Town of Shaunavon and arrange for cancellation or transfer on the plan.

Date: _____

Signature: _____

Telephone: _____

Signature: _____

TO REGISTER, RETURN THIS FORM WITH A CHEQUE MARKED "SAMPLE" BY DECEMBER 31, 2017.

*Please note that participation in this plan is voluntary.
Discounts are still available to those who choose to prepay their property taxes.*

Filename: taxauth