



AUTHORIZATION FORM TAX INSTALLMENT PAYMENT PLAN

Please complete the below information (PRINT CLEARLY)	
Roll Number:	
Property Description:	
Name(s):	
Mailing Address:	
Email:	
Phone (Primary):	
Phone (Secondary):	
FOR OFFICE USE ONLY	
_____ Levy (\$): <i>(enter previous tax year)</i>	
Pre-Authorized Monthly Tax Payment (\$): <i>(previous tax year levy divided by 12)</i>	

PLEASE ATTACH VOID CHEQUE HERE

PLEASE NOTE:

1. For verification purposes, please enclose one of your personal cheques or deposit slips marked "void/sample".
2. For a joint account, all depositors must sign if more than one (1) signature is required on cheques issued against the account.
3. In the event, of a sale of the above noted property, or a change in bank accounts, it is your responsibility to immediately notify the Town of Lamont to arrange for cancellation or transfer of the Plan.



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AGREEMENT

1. To debit my/our account as indicated above for all estimated property taxes payable to the Town of Lamont on the first day of each month.
2. The treatment of each payment shall be the same as if I/We had personally issued a cheque authorizing payment as indicated and to debit the amount specified to my/our account.
3. If there is a default of two (2) payments of any monthly installment, the plan will be cancelled, and all taxes shall become due and payable within thirty (30) days and shall be subject to the penalty provisions which are typically calculated for unpaid taxes and any applicable service fees.
4. This authorization may be, cancelled at any time upon written notice by me/us.
5. Pre-authorized monthly payments will be adjusted at the time of issuing tax notices, so that the remaining taxes will be, paid by December 31, of that year.
6. The adjusted payment will remain in effect until the next year's tax notice has been issued or the owner or the Town of Lamont as of January 1st of any year request the adjusted amount be reviewed if it can be shown it does not reflect a true estimate of that year's taxes.
7. Any credits as of December 31, of any year, will be applied to the next year's taxes, unless a written request for a refund is received by the Town of Lamont.

Date:	
Print Name	Print Name
Signature	Signature

Town of Lamont
Box 330
Lamont, AB T0B 2R0

Phone: 780.895.2010
Email: general@lamont.ca