

Town of Sylvan Lake
Tax Installment Payment Plan
Assessment & Taxation Department
5012 - 48 Avenue, T4S 1G6
P:403 887 2141 F:403 887 3660

Email: tax@sylvanlake.ca

New Customer ID: Ta	x Roll:	Date:		
Civic Address:	Lot:	Block:	Plan:	
Name:			Tax Monthly Payment Amount:	
Mailing Address:			Start Date:	
Pad Category: Personal: Business: Phone:		Email:		
Please complete the Pre-Authorized Debit (TIPPS) agreement below.				
I/we authorize the Town of Sylvan Lake and its financial institution, and the financial institution designated below (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly payments and/or one-time payments from time to time, for payment of all charges arising under my/our account(s). Monthly payments for property taxes including any local improvement levies as shown above will be taken from my/our bank account on the LAST DAY OF EACH MONTH beginning in January each year. This amount may increase/decrease on June 30 to the amount shown on the annual Property Tax Notice issued by the Town of Sylvan Lake. On the day you sign up, a payment must be made equal to the total payments that would have been made had you signed up at the beginning of the year.				
This authority is to remain in effect until the Town of Sylvan Lake has received written/electronic notification from me/us of its change or termination. This notification must be received at least fifteen (15) business days before the next debit is scheduled at the address provided below. Any payment returned as a dishonored payment may result in termination of the plan, and all amounts become due and payable and subject to penalties. All returned payments are subject to a fee per the Town of Sylvan Lake's Fees and Charges Bylaw and a separate payment must be made. Any other amounts transferred to your tax account that are not immediately paid may result in termination of the plan.				
You MUST include a void cheque or bank letterhead confirmation Authorized Signature(s):				
Payor Signature	Regist	ered Owner Signa	ature (if different than	Payor)
Name	<u></u>	<u> </u>	Name	
The personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of updating Bank Account Information and is protected by the FOIP Act. If you have any questions or concerns about the collection and use of this information, please contact the Tax Department of the Town of Sylvan Lake at (403) 887-2141.				
OFFICE USE ONLY: Entered by:		Tax	Roll:	