

Town of Elk Point offers you a simple, easy method of payment through our **Pre-authorized Payment Plan** that authorizes automatic monthly payments of your utility and tax bill from your bank account.

## How will you know what withdrawals are being made from your account?

Under the Pre-authorized Plan, the withdrawal will occur for

- 1. **Utility Pre-authorized** on 28<sup>th</sup> day of every month, or the following business day if the 28<sup>th</sup> falls on a weekend. You will continue to receive a utility bill showing the amount that will be withdrawn from your bank account.
- 2. **Property Tax** to be withdrawn on  $14^{th}$   $\Box$  or  $28^{th}$   $\Box$  day of every month, or the following business day if the  $14^{th}$  or  $28^{th}$  falls on a weekend, as per Tax Pre-payment Agreement.

## How do you apply the Pre-authorized Payment Plan?

- 1. Complete and sign the application form below.
- Return the completed form, along with a copy of a <u>VOID PERSONALIZED CHEQUE</u> or <u>ACCOUNT INFORMATION FORM</u> from your clearly showing the bank account number to: town@elkpoint.ca or via mail: Box 448 Elk Point, AB T0A 1A0 or in person: Town Office at 4914 50 Avenue, Elk Point, AB T0A 1A0.

**Service Agreement:** I/we authorize Town of Elk Point to begin automatic withdrawals for payment of my/our Town monthly utility bill from the bank account number identified on the enclosed cheque. This authority is to remain in effect until there is notification of termination from the customer.

CUSTOME	R IN	FOR	MA	<b>TION</b>	(PL	EA:	SE PR	RINT	CLE	ARL	Y)		
Customer Name:													
Mailing Address:					City/Town:								
Email Address:													
Residence Phone:				Business/Cell Phone:									
Utility Account Numb	er (T	his i	nform	atior	is lo	cate	ed on t	he to	р ро	rtion (	of yo	ur bil	)
Utility Account	0	0											
Tax Roll Number (Thi	s info	ormat	tion is	loca	ted c	n th	ne top	porti	on of	your	Tax	Notic	e)
Tax Roll	0	0	0	0	0	0	0	0					
			AUT	HOR	RIZA T	ΓΙΟ	N						
Authorized Signature:							Date	Sign	ed: _	(DD	-MM-	YYYY	)
**Authorized Signature:					Date Signed:(DD-MM-YYYY)								
**For joint accounts where mo be provided.	ore th	an on	e sign	ature i	is requ	iired	on ched	ques,	all rec	uired	signat	ures r	nust

What if you move, change banks or decide to cancel the plan?

If for any reason you need to change or cancel the Pre-authorized Payment Plan, simply send the Town Office a written request a minimum of five business days prior to the due date.



## TAX PRE-PAYMENT AGREEMENT

ROLL#	PHONE:	EMAIL:
OWNER NAME	E:	
	Last Name, First	Name
MAILING ADD	PRESS:	
MUNICIPAL A	DDRESS:	
LOT	BLOCK	PLAN
Town of Elk Poi	nt for the purpose of	ant to Bylaw 693/11, to enter into an agreement with the Tthe Prepayment Plan.
Based on my price	or year's levy, I agre	to the Toyn of Elk Point by
Mon	th Day	Year to the Town of Elk Point, by
<ul><li>□ Pre-authorize</li><li>□ Online</li><li>□ Pay at the con</li></ul>		
I understand that any forthcoming	73	writing, of any changes in the amount owing on the levy
		ccount provided that all my cheques are honored by the greement, my account will be subject to penalties as they
		IE TAXES LEVIED FOR ANY TAX YEAR AND THE TS WILL BE DUE BY AUGUST 31 OF THE CURREN
		ct until the sale of the taxpayer's property, or upon ng to the Town Office arranging for cancellation of the Pl
PROPERTY OW	/NER:	WITNESS:
DATE:		
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