| APPLICATION FOR PRE-AUTHORIZED TAX INSTALLMENT PAYMENT PLAN | |
|---|---|
| **LAST NAME:** | **FIRST NAME:** |
| **ADDRESS:** | **PHONE:** |
| | **CELL:** |
| | **EMAIL:** |

| **ROLL NUMBER(S):** | **LEGAL LAND DESCRIPTION(S):** |
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| *** Please attach a summary for additional Tax Roll Accounts** | |

## A VOID CHEQUE WITH BANKING INFORMATION MUST BE ATTACHED

1. I/WE hereby authorize the Village of Spring Lake to withdraw the monthly tax installment from my/our bank account, and further that this authorization will remain in place from year to year unless canceled. Cancellation is given in writing, with 15 days' notice, by either myself or by the Village of Spring Lake in the case that my payment defaults, as outlined in Part 4 herein. The monthly installment will be taken by electronic transfer on the last day of each month, or the next available business day.
2. Taxpayers wishing to enter the TIPPs Plan for the current year's taxes must do so before July 1st of the current year. For any application received after July 1st, payment of the TIPPs plan will commence the following year.
3. I/WE acknowledge that there may be a difference between the amount paid by installments and the actual tax levy, and that adjustment may be necessary. The monthly installment amount for January 1st to June 30th is calculated by dividing the previous year's tax levy by 12. The monthly installment amount from July 1st to December 31st will be calculated by the actual current year's tax levy, subtracting the prior monthly installments that have been received to date, if any, and dividing by six (6).
4. I/WE acknowledged the right of the Village of Spring Lake to cancel my participation in the Pre-Authorized Tax Payment Plan if any installments are in default. Unpaid taxes as of the date of termination of participation in the plan will be subject to the Village of Spring Lake's Tax Penalty Bylaw.
5. It is the taxpayer's responsibility to notify the Village of Spring Lake, in writing, if they sell property, change banks or bank accounts, or may in any other changes that would affect the plan.

**Applicant's Signature** **DATE**

**Applicant's Signature** **DATE**

The personal information requested is being collected under the authority of the Freedom of Information Privacy (FOIPP) Act and is protected by the FOIPP Act. If you have any questions about the collection, contact the Freedom of Information Privacy Coordinator at (780) 963-4211.

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| **DATE RECEIVED:** | **INFORMATION ENTERED BY:** | |
| **PLAN START DATE:** | **PAYMENTS CONFIRMED WITH APPLICANT:** | |
| **TAX LEVY:** | **NUMBER OF MONTHS:** | **MONTHLY PAYMENT:** |