



Municipal District of Wainwright No. 61

717 – 14th Avenue
Wainwright, Alberta
T9W 1B3

Phone: 780-842-4454
Fax: 780-842-2463

Email: taxes@mdwainwright.ca

PRE-AUTHORIZED DEBIT FORM TAX PAYMENT PLAN

Roll Number: _____ Legal: Lot _____ Block _____ Plan _____
 Quarter _____ Section _____ Township _____ Range _____
 Name: _____ Mailing Address: _____
 Phone: _____ (Res.) _____ (Bus.) _____ (Cell) _____
 Previous Tax Levy: _____ Payment begins (date): _____
 Monthly Tax Payment: _____ Prepaid Payment Required: _____
 (if applying after January 15 of current year)

FINANCIAL INSTITUTION THAT PAYMENT IS TO COME FROM

Name of Financial Institution: _____ Branch Address: _____
 Branch & Institution Number: _____ Account Number: _____

1. I/we authorize the Municipal District of Wainwright No. 61 and its Financial Institution to debit my /our account listed above:
 - for all property taxes including any local improvement levies payable to the Municipal District of Wainwright No. 61
 - in the amount of the monthly payment shown above, on the 15th day of each month beginning on the date indicated above
 - and which amount may increase/decrease in July to the amount included with the annual Combined Property Assessment & Tax Notice by the Municipal District of Wainwright No. 61
2. A specimen cheque, marked "VOID" is attached to this authorization.
3. This authorization may be cancelled at any time upon written notice by me/us, and all outstanding taxes become due and payable and subject to penalties.
4. If a monthly payment fails to be honoured by me/us, it is my/our responsibility to contact the Municipal District of Wainwright No. 61 and make good the monthly payment within 10 days.
5. If two monthly payments fail to be honoured in any year, this will result in termination from the plan, and all outstanding taxes become due and payable and subject to penalties.
6. In the event of a sale of the above noted property or a change in bank accounts, I/we will notify the Municipal District of Wainwright No. 61 at least 15 days prior to the next payment date, to arrange for cancellations, or to provide the new bank account information and a cheque marked "VOID".

Authorized by:

Name (please print)

Name (please print)

Signature

Second Signature (if two (2) are required)

Date

Date

PLEASE NOTE:

The current taxes, local improvements levies plus any tax arrears must be paid in full for eligibility in the plan.

Deadline for joining plan is APRIL 30th for the current year.