Tax Arrears Payment Plan (TAPP)

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below

I/We authorize the MD of Greenview, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments of all charges arising under my/our MD of Greenview tax account(s). Regular monthly payments for taxes will be debited on the last business day of the month

The MD of Greenview will provide written notice of the amount of each regular debit at least 10 days before the payment is due and at least 10 days before the payment amount is changed. The MD of Greenview will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until the MD of Greenview has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

The MD of Greenview may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

PLEASE PRINT

DATE: _____

Name(s):_____ Tax Roll: _____
(If more than one Tax Roll, please fill out Schedule A)

Contact Name:_____ Type of Service: Personal ☐ Business ☐
(If different from above)

Address: _____

City/Town:_____ Province:_____ Postal Code:_____

Phone Number:_____ Email: _____

Financial Institution Name (FI):_____

_____ _____ _____
Institution Number (3 digits) Transit Number (5 digits) Account Number (up to 11 digits)

Address:_____

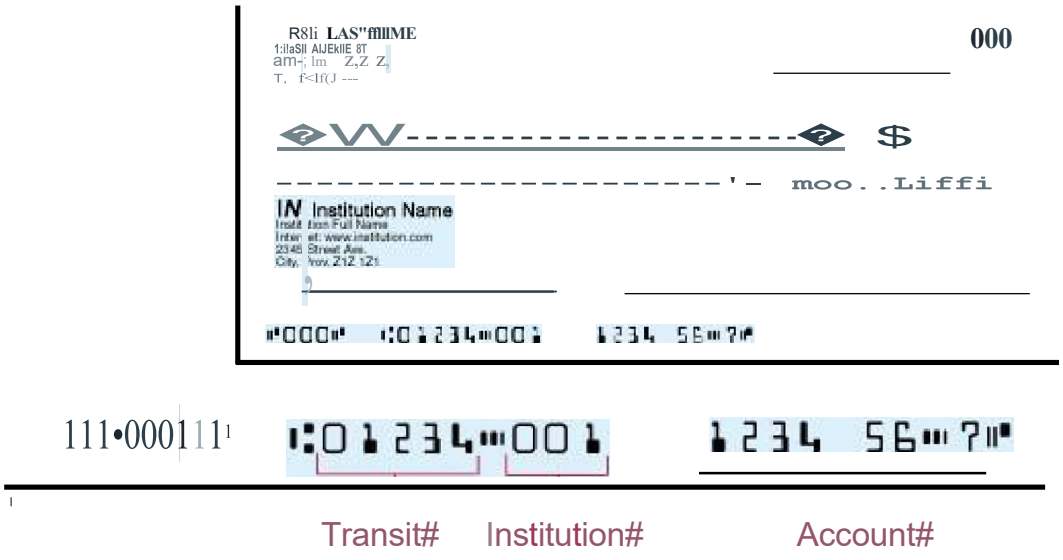
City/Town:_____ Province:_____ Postal Code: _____

Authorized Signature(s):_____

MD of Greenview
Attention: Taxation Department PO Box 1079, 4806 - 36 Avenue, Valleyview, AB, T0H 3N0
Phone: 780.524.7600
Email: taxationdepartment@mdgreenview.ab.ca

If you have any questions or concerns, please contact the Taxation Department. Completion of **ALL Fields is Mandatory**. Incomplete forms will not be processed.

Notice of Collection: The personal information on this form is collected under the authority of s4(c) and s12(1)(a)(b)(c) of the Protection of Privacy Act (POPA) and Section 301.1 of the Municipal Government Act. The information will be used to process your application. Your name, contact information and address may be used to carry out current and/or future Greenview construction, operating programs, services or activities of Greenview. If you have questions about the collection, use, or disclosure of your personal information, please contact Greenview's ATI Coordinator at 780.524.6079 or atia@mdgreenview.ab.ca.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Municipal District of GREENVIEW

MUNICIPAL DISTRICT OF GREENVIEW NO. 16

Tax Arrears Payment Plan – Schedule A

List of Tax Roll to be included in Monthly Payment Plan

Tax Rolls	Tax Rolls	Tax Rolls	Tax Rolls	Tax Rolls	Tax Rolls

Authorized Signature

Date