



**MUNICIPALITY OF CROWSNEST PASS
PRE-AUTHORIZED TAX PAYMENT PLAN**

Box 600, Blairmore, AB.T0K 0E0 Ph: 403-563-2203 FAX: 403-563-5474
Email: taxroll@crowsnestpass.com

Name: _____ Customer ID _____
Phone: _____ Mailing Address: _____
Fax: _____
Email: _____
Date: _____

Direct Debit Plan ID (please choose one)

- Mid** 15th of Each Month Divided by 12
- End** 30th of Each Month Divided by 12
- Both** 15th & 30th of Each Month Divided by 24

Required minimum payment if starting after January 31st. _____

Roll Number	Tax Levy	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. In the event of a sale, it is your responsibility to arrange for cancellation or transfer of the plan by notifying the Municipal Office two weeks prior to your next payment.
2. Payments will be recalculated twice a year.

If any payments are missed, I acknowledge that I will be subject to all relevant penalties, and I will be removed from the Tax Payment Plan.

SIGNATURE

BANK INFORMATION - ATTACH VOID CHEQUE

Financial Institute _____
Transit Number _____
Account Number _____