



Town of Morinville
10125 100 Avenue
Morinville, AB T8R 1L6
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F: 780-939-5633
www.morinville.ca

**TAX INSTALMENT PAYMENT PLAN
PRE-AUTHORIZED DEBIT APPLICATION**

Send to: tax-utilities@morinville.ca

CUSTOMER INFORMATION				
Name:		Address of Property:		Tax Roll #:
Mailing Address (if different):		City:	Prov:	Postal Code:
*Email Address:		*Phone Number:		*Phone Number #2:
WITHDRAWAL INFORMATION				
Select your preferred withdrawal date: End of Month 16th of Month Both				
<i>*Please attach a sample cheque marked "VOID" or bank Preauthorized Payment document to this application</i>				
TERMS AND CONDITIONS				
<p>I understand that taxes owed from January to the enrolment date of this pre-authorized debit plan must be paid in full prior to commencement, including all tax arrears and penalties.</p> <p>I hereby authorize the Town of Morinville to debit the bank account identified above for all property taxes including any local improvement levies payable to the Town of Morinville, as identified above on the selected withdrawal dates (or the next business day), beginning on the date indicated above.</p> <p>I understand this authorization is subject to change twice a year to reflect the current annual or supplementary property tax notice issued by the Town of Morinville.</p> <p>This authorization may be cancelled at any time by providing at least 14 days notice prior to the next withdrawal/due date.</p> <p>I hereby understand that any returned payments are subject to a \$35.00 service charge. Failure to remit payment and applicable service charges in full prior to the date specified within your notification letter will result my termination from this pre-authorized debit program.</p> <p>In the event of the sale of the above noted property or a change in bank account, I will notify the Town of Morinville, in writing at least 14 days prior to the next due date, to arrange for cancellation, or to provide the new bank account information.</p>				
AUTHORIZATION				
Applicant (print name):		Applicant Signature:		Date (mm/dd/yyyy):
FOR OFFICE USE				
Previous Years Tax Levy:		Instalment Amount:	Program Start Date:	
Verified By:		Date:	Plan ID:	

Personal information is collected for the purpose of processing your application form and will be used to contact you regarding your application. Collection is authorized under section 4(c) of the Protection of Privacy Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your application may be inputted into an automated system to generate content to make decisions, recommendations, and predications and may be included in reports that are available to the public as required or allowed by legislation. Your information will only be used solely for the purposes related to the Town of Morinville. If you have any questions, please contact an Advisor at the Information Management unit at 780-939-4361