



# Pre-Authorized Tax Payment Plan

Name(s): \_\_\_\_\_

Roll Number(s): \_\_\_\_\_

Legal Land Description(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

2024 Levy \$: \_\_\_\_\_ Monthly Tax Payment: \_\_\_\_\_

(To calculate the monthly tax payment divide the levy by 12)

1. To debit my/our account as indicated above for all estimated property taxes payable to The Summer Village of Birchcliff on the last day of each month beginning January 31, 2025.
2. The treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing payment as indicated and to debit the amount specified to my/our account.
3. Privileges under the plan will be cancelled should two (2) installments fail to be honored and the unpaid taxes, if any, shall be subjected to the Tax Penalty By-law of the Summer Village of Birchcliff.
4. Privileges under the plan will be cancelled should there be any outstanding balances on the tax account that are not the current year's taxation (ie: unpaid utilities or AR's that have been transferred to taxes due to being over 90 days unpaid).
5. This authorization may be cancelled at any time upon written notice by me/us.
6. Pre-authorized monthly payments will be, adjusted at the time of issuing tax notices in May, so that the remaining taxes will be paid by December 31.
7. The adjusted payment will remain in effect until the next year's tax notice has been issued or the owner or the Summer Village of Birchcliff as of January 1st of any year request the adjusted amount be reviewed if it can be shown it does not reflect a true estimate of that year's taxes.
8. Any credits as of December 31, of any year, will be applied to the next year's taxes, unless a written request for a refund is received by the Summer Village of Birchcliff.
9. Recourse/Reimbursement Statement: You have certain recourse rights if any debt does not comply with this agreement. To obtain more information regarding your recourse rights, contact your financial institution.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Please include a personal cheque or deposit slip marked "VOID".

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

Please complete form and mail or drop off to The Summer Village of Birchcliff  
#2 Erickson Drive, Sylvan Lake, Alberta T4S 1P5