Pre-Authorized Tax Payment Plan

SUMMER VILLAGE OF JARVIS BAY

This information in this form is collected under the authority of section 4(c) of the Alberta Protection of Privacy Act.
This information will be used to enroll you in the Pre-Authorized Tax Payment Plan with the Summer Village of Jarvis Bay.
If you have any questions about the collection of your personal information, you may contact information@sylvansummervillages.ca.

Name(s): _____

Roll Number(s): _____

Legal Land Description(s): _____

Mailing Address: _____

_____

Phone: _____ email:_____

2026 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 Jarvis Bay on the last day of each month.

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 Jarvis Bay.

4. This authorization may be cancelled at any time upon written notice by me/us.

5. 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.

6. 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 Jarvis Bay 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

7. 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 Jarvis Bay.

8. 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 Jarvis Bay
2 Erickson Drive, Sylvan Lake, Alberta T4S 1P5