



Town of Innisfail, Alberta

4943 – 53 Street

Innisfail, AB T4G 1A1

Phone: (403) 227-3376

Fax: (403) 227-4045

Email: townhall@telusplanet.net

APPLICATION FOR PRE-AUTHORIZED TAX PAYMENT PLAN

I, _____, REQUEST AND AUTHORIZE THE TOWN OF INNISFAIL TO WITHDRAW MONTHLY PAYMENTS FROM MY/OUR FINANCIAL INSTITUTION INDICATED BY THE SAMPLE **ATTACHED VOID CHEQUE**. THIS WITHDRAWAL WILL OCCUR ON THE **15TH OF EVERY MONTH**.

THE MONTHLY TAX PAYMENT WILL BE APPLIED TO THE FOLLOWING **ROLL NUMBERS**:

FOR A JOINT ACCOUNT, I UNDERSTAND THAT ALL SIGNATURIES MUST SIGN THIS APPLICATION IF MORE THAN ONE SIGNATURE IS REQUIRED ON THE ACCOUNT. THIS APPLICATION MAY BE CANCELLED ON FOURTEEN (14) DAYS WRITTEN NOTICE.

Name: _____ Date: _____
(Please Print) (Signature)

Phone: _____
(Home) (Business)

Name: _____ Date: _____
(Please Print) (Signature)

Phone: _____
(Home) (Business)

PLEASE ATTACHED VOIDED CHEQUE

For Office Use Only:

Prior Year Tax Levy \$ _____ divided by _____ Months = \$ _____/Month until June 30th

Current Year Tax Levy \$ _____ divided by _____ Months = \$ _____/Month to Dec 31st

Entered into system by _____ Date: _____