



Town of

Olds

4512 46 Street, Olds AB T4H 1R5

ph 403-556-6981 fax 403-556-6537

www.olds.ca

TAX PLAN NEW

MONTHLY TAX PAYMENT PLAN APPLICATION

PLEASE PRINT CLEARLY

Property Roll No. _____ Plan _____ Block _____ Lot _____

\$ _____ \$ _____
Current Tax Levy Monthly Payment (Tax Levy divided by 12) Date of First Payment

Owner's Last Name _____ First Name _____

Property Address _____

Residence Phone _____ Business or Cell Phone _____

BANKING INFORMATION (for verification, please attach a cheque marked "VOID")

Name and Location of Financial Institution _____ Bank Account No. _____

TERMS AND CONDITIONS – IMPORTANT PLEASE READ

I, the undersigned, owner of the property listed above, agree to the following:

1. I hereby authorize the Town of Olds to debit my bank account on the 15th day of each month, starting the month specified above, for payment of property taxes for the above noted roll number.
2. While on this plan I will notify the Town of Olds immediately of any changes to bank account numbers to ensure payments are not rejected.
3. In the event a payment is dishonoured as NSF, I agree to pay a \$20 NSF fee and understand that, after two consecutive dishonoured payments my plan will be cancelled by the Town of Olds, and my account will be subject to tax penalties pursuant to the Tax Penalties Bylaw.
4. I understand that no tax discounts will be granted for the pre-payments of January to June, nor will any tax penalties be levied while I am on this monthly tax payment plan.
5. I understand that in January and July of each year, my monthly payments will be adjusted, based on the current year tax levy, to ensure my tax balance is at zero on 31 December.
6. I understand that, in the event my December tax balance is higher than the last ½ year adjusted payment amount, the 15 December payment will be automatically adjusted to bring my tax account to a zero balance.
7. I understand that this is an agreement between myself and the Town of Olds and is NOT TRANSFERABLE to the new owner in the event the property is sold. In the event this property is sold I agree to notify the Town of Olds immediately to arrange for cancellation of this agreement.
8. I understand that I may cancel this agreement at any time by providing written notice. I further understand that should this cancellation occur after 30 June, some tax penalties may be applied, pursuant to the Tax Penalties Bylaw, unless the full balance is paid with the cancellation.

Signature _____

Date _____