

MONTHLY TAX PAYMENT PLAN APPLICATION



Town of Olds

4512 46 Street
 Olds AB T4H 1R5
 Main: 403.556.6981
 Fax: 403.556.6537

Property Roll No.			
LEGAL Land Description:	Lot	Block	Plan
\$ _____ \$ _____ 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")			

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 dishonored, I agree to pay a \$20 fee and understand that, after two consecutive dishonored 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 tax year levy, to ensure my tax balance is at zero on December 31.
6. I understand that, in the event my December tax balance is higher than the last ½ year adjusted payment amount, the December 15th payment will automatically be 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 the 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 June 30, some tax penalties may be applied, pursuant to the Tax Penalties Bylaw, unless the full balance is paid with the cancellation.

 Signature

 Date

The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca