# TIPPS

Tax Instalment Payment Plan Service
Pre-Authorized Debit Application

Roll Number

PROPERTY ADDRESS: _____

NAME: _____ Phone: _____ Email: _____
(Bank Account Holder) (Last Name, First Name)

NAME: _____ Phone: _____ Email: _____
(Joint Bank Account Holder) (Last Name, First Name) (Home) (Alternate)

MAILING ADDRESS: _____ TIPPS Start Date: _____
(yy/mm)

Branch Transit Number (5 Digits) (5 digits)

Financial Institution (3 digits)

Deposit Account (up to 12 digits)

☐ Savings Account
☐ Chequing Account

Financial Institution Name: _____

Branch Address: _____

Account Type: ☐ Personal ☐ Business ☐ Void Cheque Attached

**For Office Use Only**

**Payment Required:** _____ **TIPPS Monthly Amount:** _____
**(if Applicable)**

**Date Entered:** _____ **Entered By:** _____ **Checked By:** _____
**(yy/mm/dd)**

I/we authorize the City of Warman and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit the bank account identified above on the 10th of each month for the current monthly amount of my TIPPS plan. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds to cover the TIPPS withdrawal. **MISSED PAYMENTS - If any TIPPS payments are returned by your financial institution, The City of Warman has the option to cancel TIPPS without notice**.

The TIPPS monthly amount will vary during the taxation year (January to December). The TIPPS monthly amount is adjusted each January based on the tax levy of the previous year. This amount will be adjusted again in July after City Council passes the Mill Rate Bylaw and the current year's taxes are levied. The City of Warman will provide written notification of the changes to the withdrawal amounts noted above at least ten (10) days before the withdrawal dates. The December withdrawal will be for the exact amount of outstanding property tax. I/We waive our right to receive notification from the City of Warman ten (10) days before the change to the December withdrawal.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any Pre-Authorized Debit (PAD) that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

This authority is to remain in effect until the City of Warman has received written notification from me/us of its change or termination; this notification must be received at least two weeks before the next debit is scheduled. I/We may obtain a TIPPS cancellation form to cancel this PAD agreement online at www.warman.ca or through the contact information below.

_____
Signature of Bank Account Holder

Name: _____

Date: _____

_____
Signature of Joint Bank Account Holder

Name: _____

Date: _____

Mailing Address: _____

**Please submit completed application by mail, fax or in person; include a sample cheque marked "Void" and payment if applicable.**

**Telephone: (306)933-2133** **Email: tarar@warman.ca**

**Mail: City of Warman Box 340, Warman SK S0K 4S0** **Fax: 306-933-1987**

**Hours of Operation: Monday - Friday 8:30 - 4:30**