

Roll Number (on Property Tax Notice- first 9 numbers only)

Property Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Bank Account Holder (Last Name, First Name) Home Work Cell

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Joint Bank Account Holder (Last Name, First Name) Home Work Cell

Email Address: \_\_\_\_\_ TIPPS Start Date : \_\_\_\_\_ Amount: \_\_\_\_\_
yyyy/mm

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

This plan is for: [ ] Personal Use [ ] Business Use

Branch Transit Number (5 Digits) Financial Institution (3 digits) Deposit Account (up to 12 Digits) [ ] Savings Account [ ] Chequing Account

For Office Use ONLY

Payment Required: \_\_\_\_\_ TIPPS Monthly Amount: \_\_\_\_\_
(if applicable)

Date Entered: \_\_\_\_\_ Entered by: \_\_\_\_\_ Checked by: \_\_\_\_\_
yy/mm/dd

[ ] Applicant copy Issued

Received by:

\_\_\_\_\_ Fax
\_\_\_\_\_ Mail
\_\_\_\_\_ Email
\_\_\_\_\_ In Person

I / We authorize the City of Estevan and the financial institution designated (or any other financial institution I/We may authorize at any time) to debit the account identified above on the first business day 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 on deposit to cover the TIPPS withdrawal.

Payments dishonored as N.S.F. are subject to a \$45.00 Service Charge. After (1) dishonored payment, the payment plan may be cancelled by the Tax Assessor or City Treasurer of the City of Estevan.

The Tax Installment Payment Plan Service (TIPPS) allows you to make 12 monthly payments for property tax to pre-pay for following year. Pre-payments are calculated on previous years levy. Monthly withdrawals are made on the first banking day of each month and begin in August of every year. Once the mill rates are set & passed by council an even-up payment will take place in July of each year.

This authority is to remain in effect until the City of Estevan has received written notification from me/us of its change or termination; this notification must be received at least (10) business days before the next debit is scheduled. City of Estevan TIPPS cancellation and change of bank forms are available on at www.estevan.ca or through the contact information below.

Signature of Bank Account Holder

Signature of Joint Bank Account Holder

Name : \_\_\_\_\_
(please print)

Name : \_\_\_\_\_
(please print)

Date : \_\_\_\_\_

Date : \_\_\_\_\_

Mailing Address : \_\_\_\_\_ Postal Code

[ ] Fax Confirmation to : \_\_\_\_\_ (fax number)

Please submit completed application by mail or in person; include a sample cheque marked "VOID" and pmt if applicable.

Telephone: (306) 634-1811 Monday to Friday 8:00 am to 4:30 pm

Email: treasury@estevan.ca

Mail: City of Estevan, 1102 Fourth Street, Estevan, SK S4A 0W7

Fax: (306) 634-9790