



**Tax Instalment
Payment Plan Service
(TIPPS)**

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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**

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

For Office Use ONLY

Received by:

Payment Required: _____ TIPPS Monthly Amount: _____
(if applicable)

_____**Fax**
 _____**Mail**
 _____**Email**
 _____**In Person**

Date Entered: _____ Entered by: _____ Checked by: _____
yy/mm/dd

Applicant copy Issued

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