



## Pre-Authorized Tax Agreement

**BETWEEN**

County of Northern Lights  
Box 10 (#600 7<sup>th</sup> Avenue NW)  
Manning, AB T0H 2M0

OF THE FIRST PART

AND

\_\_\_\_\_  
(hereinafter called the Applicant")

OF THE SECOND PART

**Whereas the applicant** requests and authorizes the County of Northern Lights to withdraw monthly payments to be withdrawn from my/our financial institution indicated by the sample attached void cheque. This withdrawal will occur on the twentieth (20<sup>th</sup>) day of every month.

The monthly tax payment will be applied to the following Roll Numbers: \_\_\_\_\_

\_\_\_\_\_

For a joint account, I understand that all signatories must sign this application if more than one signature is required on the account.

If **TWO** monthly installment payments have been defaulted by the above taxpayer, the County of Northern Lights Chief Administrative Officer shall cancel the said Pre-Authorized Tax Debit Agreement and all taxes owing shall be due and payable. An **NSF** charge will be applied.

**This application may be cancelled on thirty (30) days written notice.**

\_\_\_\_\_  
Signature Name in Print Date

\_\_\_\_\_  
Signature Name in Print Date

\_\_\_\_\_  
Signature Name in Print Date

**Applicant's Financial Institution/Banking Information**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Branch Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**\*\* Please Attach a Void Cheque**

**For Office Use Only**

Entered into System: \_\_\_\_\_

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

1. All current taxes and arrears owing on the above Roll Number must be paid in full prior to signing this Agreement.
2. In the event of a sale of the above-noted property, it is the applicant's responsibility to immediately notify the County of Northern Lights Office to arrange for cancellation or transfer of the Pre-Authorized Tax Debit Agreement.
3. In order to be eligible for a payment in the month of application, this completed form must be received by no later than the 15<sup>th</sup>.

Personal information requested in this form is protected under the "Freedom of Information and Protection of Privacy Act" (FOIP). Collection of the personal information is authorized under FOIP, Section 33, 34 and 35. If you have any questions regarding FOIP, please telephone (780) 836-3348 and ask for the FOIP Coordinator.