

Pre-Authorized Tax Payment Plan Application

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A blank cheque marked "VOID" must be attached to this application.

APPLICANT INFORMATION		
Roll No 201	Withdrawal Amount*	Start Date
Last name	First name	Phone number
Property Address		
Mailing Address		
FINANCIAL INSTITUTION DETAILS		
Name of Financial Institution		
Branch Number	Transit Number	Account Number
TERMS & CONDITIONS (IN ACCORDANCE WITH BYLAW 1378)		
<ol style="list-style-type: none"> Tax and utility accounts must be paid in full before this application will be implemented. By signing the Payment Plan you are authorizing your bank to debit your account on or about the 15th of each month. All payments are to be made to the City of Castlegar. You may withdraw from the Payment Plan at anytime prior to the 5th of any month by giving written notice to the Finance Department. Interest is paid on credit balances at a rate equal to the City's chartered bank's prime rate minus 3%. For joint accounts, all depositors must sign if more than one signature is required on the cheques against the account. The monthly payment is an estimate only and not a warranty or guarantee of the amount of taxes which may be levied. Any difference between the actual taxes levied for the subsequent year and total of the 10 installments authorized and paid under the Payment Plan will be due on the tax due date in the subsequent year. Any balance remaining unpaid after the tax penalty date in any year will be subject to 10% late payment penalties. The City Tax Collector will reassess the monthly installment amount each year to accommodate any expected changes in the subsequent year's tax levies. Should any adjustment be required to the monthly installment the newly adjusted amount will commence on August 15th. Refunds will not be issued while tax payer is enrolled in the Payment Plan. In the event of a property sale, it is the responsibility of the taxpayer to cancel their enrollment in the Payment Plan. Credits will not be refunded and should be adjusted between the vendor and the purchasers on the Statement of Adjustment. The Collector may cancel a taxpayer's participation in the Pre-authorized Tax Payment Plan for any reason if two consecutive prepayment adjustments fail to be honored. <p>I / We the undersigned have read and agree to the Terms and Conditions of the Payment Plan, and hereby authorize the City of Castlegar to draw Pre-Authorized Monthly Payments from my/our account for the prepayment of taxes on the 15th of each month from August until May in 10 equal payments and do not require advance notice of withdrawal before it is processed.</p>		
_____ Name of Applicant	_____ Signature	_____ Date
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*The City will recalculate the withdrawal amount prior to August 15 each year