



RESORT VILLAGE OF CANDLE LAKE

PREAUTHORIZED DEBIT AUTHORIZATION FORM

1. Request Type – Please select one

- Enroll in TIPPS
 - Cancel TIPPS
 - Change Banking Information
-

2. Property Information

- Resort Village of Candle Lake Property Address: _____
 - Roll Number: _____
- Note: A separate authorization form is required for each property.**
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3. Applicant Information

- Full Name(s) on Title: _____
 - Mailing Address: _____
 - Phone Number: _____ Email: _____
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4. Banking Information (*Enrollment or Banking Changes Only*)

- Void cheque attached
 - Pre-Authorized Debit form attached
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5. Effective Date of Request

- Month/Year to Begin or End TIPPS: 23rd of each month, starting month of _____
 - Last Withdrawal Date (if cancelling): _____
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6. Terms & Conditions

By signing below, I/we agree to participate in the Tax Installment Payment Plan Service (TIPPS) under the following conditions:

1. **Valid Signing Authority** – I/we confirm that all required account holders have signed this agreement.
2. **Cancellation** – I/we may cancel this authorization at any time by providing written notice to The Resort Village of Candle Lake.
3. **Delivery of Authorization** – Providing this signed form to The Resort Village of Candle Lake is the same as providing it directly to my/our financial institution.
4. **Contract for Services** – Cancelling this payment authorization does not cancel any amounts owing for taxes or services.
5. **Change of Banking Information** – I/we will provide written notice of any account changes before the next scheduled withdrawal.
6. **Rights of Dispute** – I/we may request a refund within 90 days if:
 - I/we never authorized the payment,
 - The payment was not taken according to this agreement,
 - This agreement was revoked, or
 - The payment was taken from the wrong account due to incorrect account details.A written declaration must be given to my/our financial institution.
7. **Privacy** – Personal and banking information will only be used for processing property tax payments as permitted by law.

7. Authorization

I (we) hereby authorized The Resort Village of Candle Lake to draw on my/our account with the aforementioned financial institution, for the following purpose:

- A debit in electronic form in the amount of \$_____ may be drawn on my (our) account monthly.
- Enrollment or changes must be received by the **15th of the month** to be effective for the next withdrawal.
- Cancellations received after the deadline will take effect the following month.
- Any amounts owing after cancellation must be paid by the due date to avoid penalties.
- The Resort Village of Candle Lake will advise me/us in writing of the revised amount in advance of its effective date.
- The following Fee will be charged when a payment by cheque or direct deposit is dishonored: \$30.00 per dishonored item (Policy FN-200-31).
- Submit to Box 114, Candle Lake, Sask. S0J 3E0 or Email to : info@candlelake.ca

Signature(s): _____ Date: _____

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