



# RESORT VILLAGE OF CANDLE LAKE

## PREAUTHORIZED DEBIT AUTHORIZATION FORM

**1. Request Type – Please select one**

- ☐ Enroll in TIPPS
  - ☐ Cancel TIPPS
  - ☐ Change Banking Information
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**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: \_\_\_\_\_
  - 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    - This agreement was revoked, or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.
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## 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).

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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