



**TAX INSTALMENT PAYMENT  
PLAN SERVICE (TIPPS)  
APPLICATION/CHANGES/CANCELLATIONS**

**PLEASE PRINT**

ROLL NUMBER	LOCATION ADDRESS	EFFECTIVE DATE
APPLICATION(S) NAME	BUSINESS PHONE	HOME PHONE
APPLICATION(S) NAME	BUSINESS PHONE	HOME PHONE
APPLICANT(S) ADDRESS IF DIFFERENT THAN THE LOCATION ADDRESS		POSTAL CODE

*Note: TIPPS applications must be received prior to December 10<sup>th</sup> in the case of January 1<sup>st</sup> implementation or by the 10<sup>th</sup> of the month prior to your first payment up to April 10<sup>th</sup> of the taxation year. If your application is received in the current taxation year the equivalent of the missed monthly payments must be made at the time of application.*

**Type of Request:** *(please check one)*

- New Application
- Change of banking information
- Cancellation Request

**Documents Provided:** *(One of these MUST be provided)*

- Blank cheque marked <<void>>
- Pre-authorized payment form provided by your financial institution

I/We the applicant(s) authorize my/our above named financial institution to electronically debit my/our account for the monthly tax instalment payment payable to The City Of Prince Albert on the first day of each month as payment in part of the taxes for the above named property. The treatment of each payment shall be the same as if the undersigned had personally issued cheque. I/We acknowledge the right of The City Of Prince Albert to cancel my/our participation in the payment plan if any debits are not honored by the participant's financial institution. Unpaid taxes as of the date of termination of participation in the plan are subject to penalties as per the Discounts and penalties By-law. I/We acknowledge there may be adjustments in the amount of the monthly payment year as a result of The City Of Prince Albert's annual tax levy. I/We agree to provide two weeks written notification if I/We change bank information, sell the property, or wish to cancel participation in the plan for any reason.

**AUTHORIZED SIGNATORS OF THE ABOVE ACCOUNT MUST SIGN THIS APPLICATION**

SIGNATURE(S)	DATE(YYYY MM DD)

**Financial Services**  
**1084 Central Avenue, Prince Albert, SK, S6V 7P3**  
**Phone: (306) 953-4320**  
**Fax: (306) 953- 4347**  
**Email: [taxation@citypa.com](mailto:taxation@citypa.com)**