

**TOWN OF BON ACCORD
TAX INSTALLMENT PAYMENT PLAN APPLICATION**

Name: _____ Date of Application: _____
 Address: _____ Phone Number: _____
 _____ Tax Roll Number: _____
 _____ Legal Description: _____
 _____ Street Address: _____

I/We hereby request that I/we be enrolled in the Tax Installment Payment Plan. I/We acknowledge that I/we shall provide the Town with **four** monthly payments dated the 15th of each month from January to April in the amount of \$ _____. When tax notices are issued I/we will be requested to provide the Town with **twelve** payments based on the remaining balance on your tax account divided by eight. I/We agree that if the property is sold or transferred, or bank account changes, I/we shall notify the Town immediately to arrange for cancellation or transfer. This agreement will be in effect until I/We have notified the Town Office in writing at least 10 business days before the next installment date. I/We further acknowledge that, if my/our bank does not honor any of the cheques/payments submitted to the Town, my/our tax account will be subject to late payment penalties as established by the Town of Bon Accord and if my/our account is in arrears the Tax Installment Plan will be cancelled.

January to April:

Divide the Current Tax Levy of \$_____ by 12:

Equals **FOUR** monthly payments of: \$_____

SECOND INSTALLMENT (will be calculated when the Tax Notice is sent out.) Upon notification from the Town, you will provide 12 payments dated the 15th of each month from May to April.

Property Owner

Property Owner

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Office Use Only

Application Approved by: _____
Chief Administrative Officer

Date Application Approved: _____

Postdated Cheques Received: _____

Pre-authorized Withdrawal: _____