

**Tax Installment Payment Plan
Application**

Folio Number _____

Civic Address _____

Last Name, First Name _____

Last Name, First Name _____

Box Number _____

Town, Province, Postal Code _____

Home Phone # and Business Phone # _____

Email Address _____

Bank Account Information:

Name of Financial Institution _____

Branch Address _____

City & Province _____

Bank Number (3 digits) _____

Transit Number (5 digits) _____

Account Number _____

TOWN OF NIPAWIN TIPPS AGREEMENT

Payment Type (Choose one only)
 Personal PAD _____
 Business PAD _____

I/we authorize the Town of Nipawin to debit my/our account as indicated on the reverse of this form, for all estimated taxes for the property located at:

_____ (Print Civic Address)

on the last day of each month. The treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing payment as indicated and to debit the amount specified to my/our tax account.

I/we understand the monthly payment amount may be adjusted periodically to ensure taxes are paid in full by December 31st. This authorization may be cancelled 2 weeks prior to your next payment date upon written notice by me/us. Any delivery of this authorization to you constitutes delivery by me/us.

I/we have read these conditions on the reverse of this form and agree to abide by them. I/we are all the persons required to sign in the indicated account.

Signature

Signature

Date

TIPPS Application



Town of Nipawin
 Property Tax Department
 210 – 2nd Avenue East
 Box 2134
 NIPAWIN, SK S0E 1E0
 PHONE: 306-862-9866
 FAX: 306-862-3076
 EMAIL: townoffice@nipawin.com
 WEB: www.nipawin.com

FOR OFFICE USE ONLY:
 Beg. Payment Month/Year: _____

Monthly Payment Amount: _____
 Levy: _____
 Amount _____ / _____ = _____
 / # months

Entered in PT _____

Welcome Letter _____

Monthly Adds/Del _____
 TIPPS S/S Main Info _____