

RURAL MUNICIPALITY OF ST. FRANCOIS XAVIER

APPLICATION FOR TAX INSTALLMENT PAYMENT PROGRAM (TIPP)

PLEASE PRINT

ROLL NUMBER	LOCATION ADDRESS	POSTAL CODE
TIPP APPLICANT(S) NAME	E-MAIL ADDRESS	BUSINESS TELEPHONE
		HOME TELEPHONE NO.
TIPP APPLICANT(S) NAME	E-MAIL ADDRESS	BUSINESS TELEPHONE
		HOME TELEPHONE NO.
APPLICANT(S) ADDRESS (IF DIFFERENT THAN THE LOCATION ADDRESS)		POSTAL CODE
<p>I/We acknowledge the right of The Rural Municipality of St. Francois Xavier to cancel my/our participation in the payment program if any payments are not honoured by the participant's financial institution. Unpaid taxes as of the date of termination of participation in the program are subject to penalties as per the tax levy by-law.</p> <p>I/We acknowledge there may be increases in the amount of the monthly payment on July 15th each year as a result of The Rural Municipality of St. Francois Xavier's annual tax levy.</p> <p>The installment payments must always begin in January and continue on the fifteenth day of each consecutive month with the last payment being the fifteenth day of December.</p> <p style="text-align: center;"> _____ / _____ = _____ NET CURRENT TAXES (DIVIDED BY) NUMBER OF MONTHS (EQUALS) AMOUNT OF MONTHLY PAYMENT (Rounded up to the nearest \$1.00) </p>		
TIPP APPLICANT'S SIGNATURE		YYYY MM DD
TIPP SECOND SIGNATURE (IF REQUIRED)		
PRE-AUTHORIZED DEBIT		
<p>I/We the applicant(s) authorize my/our above named financial institution to electronically debit my/our account for the monthly tax installment payment payable to The Rural Municipality of St. Francois Xavier on the fifteenth 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 a cheque. Receipts will not be issued unless requested.</p> <p style="text-align: center;">PLEASE ATTACH A SAMPLE CHEQUE MARKED <i>VOID</i> TO THIS APPLICATION.</p>		
NAME OF FINANCIAL INSTITUTE (FOR PRE-AUTHORIZED DEBIT)		ACCOUNT NUMBER (INCLUDE TRANSIT NUMBER)
P.A.D. APPLICANT(S) SIGNATURE		P.A.D. APPLICANT(S) SIGNATURE
AUTHORIZED SIGNATORS OF THE ABOVE ACCOUNT <i>MUST SIGN</i> APPLICATION		
RETURN APPLICATION TO: THE RURAL MUNICIPALITY OF ST. FRANCOIS XAVIER 1060 HWY. 26, ST. FRANCOIS XAVIER MB R4L 1A5 PH: 864-2092 E-MAIL: rmsfx@mts.net		