

Lamont County

www.countylamont.ab.ca



APPLICATION/AUTHORIZATION FORM For the Tax Installment Plan

Roll Number: _____

Land Location: _____

Name(s) of Registered Owner(s) – PLEASE PRINT: _____

I/We hereby authorize my/our bank

Name of Bank:		
Address of Bank:		
Bank Number	Branch Number	Your Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

To debit my/our account as indicated above for all estimated property taxes payable to Lamont County on the 15th day of each month beginning January 15.

- Any returned payments will be subject to a \$25 service charge.
- This authorization may be cancelled at any time upon written notice by me/us.

Date

Signature

Phone Number

Signature

IMPORTANT:

- For verification purposes please enclose a VOID cheque verifying the account from which payments are to be drawn.
- For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.
- In the event of a sale of the above noted property, or a change in bank accounts, it is your responsibility to immediately notify Lamont County to arrange for cancellation of the Plan.
- For eligibility this form must be received at the County Office no later than **DECEMBER 31, 2007.**