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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

Form with fields for Name of Bank, Address of Bank, Bank Number, Branch Number, and Your Account Number.

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.