



**TAX INSTALLMENT PAYMENT PLAN (TIPP)**

TAXPAYER INFORMATION			
Property owner(s):			
Property address:			
Mailing address:			
Municipal Account #:			
Email:			Phone:
PAYMENT PLAN OPTIONS			
<input type="checkbox"/> Credit Card Payment Plan (8 pmnts)  <b>This selection authorizes the Town of Portugal Cove-St. Philip's to charge my credit card for payments as indicated below on the 30<sup>th</sup> of each month (or the following business day).</b>		<input type="checkbox"/> Pre-Authorized Debit Payment Plan (12 pmnts)  <b>This selection authorizes the Town of Portugal Cove-St. Philip's to debit my bank account for payments as indicated below on the 30<sup>th</sup> of each month (or the following business day).</b>	
Card #:		Institution #:	
Expiry:		Transit #:	
Security:		Account #:	
Current Balance:		\$	
Prior Balance:		\$	
Number of Payments:			
Payment Amount:		\$	
<b>Please read and check all boxes:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> I understand that Tax Installment Payment Plans are interest free only if the account balance is paid in full by December 31 of the fiscal year.</li> <li><input type="checkbox"/> I agree to notify the Town of Portugal Cove–St. Philip's promptly in writing if there are any changes to my banking or credit card information.</li> <li><input type="checkbox"/> I understand that I may cancel this authorization at any time by providing 30 days written notice to the Town of Portugal Cove–St. Philip's.</li> <li><input type="checkbox"/> In the event that I cancel this agreement, I am aware that I am still responsible for my municipal tax obligations to the Town of Portugal Cove–St. Philip's.</li> <li><input type="checkbox"/> Rejected and/or payments returned as insufficient funds will be subject to a \$45 admin fee. The property owner(s) will have five (5) days to resubmit the payment.</li> <li><input type="checkbox"/> Defaulting on a payment plan will be considered as cancellation of the plan. Cancelled payment plans are then subject to retroactive interest.</li> </ul>			
Name of Bank Account Holder (please print)			
Signature			
Name of Joint Bank Account Holder (please print)			
Signature			
<b>Authorized by:</b>		<b>Date:</b>	