



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) Runs from January 30 through August 30 This selection authorizes the Town of Portugal Cove-St. Philip's to charge my credit card for payments as indicated below on the 30th of each month (or the following business day).		<input type="checkbox"/> Pre-Authorized Debit Payment Plan (12 pmnts) Runs from January 30 through December 30 This selection authorizes the Town of Portugal Cove-St. Philip's to debit my bank account for payments as indicated below on the 30th of each month (or the following business day).	
Card #:		Institution #:	
Expiry:		Transit #:	
Security:		Account #:	
Current Balance:		\$	
Prior Balance:		\$	
Number of Payments:			
Payment Amount:		\$	
Please read and check all boxes: <ul style="list-style-type: none"> <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. <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. <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. <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. <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. <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. 			
Name of Bank Account Holder (please print)			
Signature			
Name of Joint Bank Account Holder (please print)			
Signature			
Authorized by:		Date:	