

## **Pre-Authorized Tax Installment Payment Plan (TIPP) Application**

Completed forms can be emailed to: ar@pcsp.ca					
PROPERTY INFORMATION					
Account #:		PAR ID / Re	PAR ID / Ref #:		
Property Address:					
APPLICA	ANT INFORMATION				
Owner Name:					
Mailing Address:					
Email:	Phone:				
I wish to receive text alerts Yes No					
PAYMEN	IT PLAN OPTIONS – SELECT ONE				
			<ol> <li>Pre-Authorized Debit - January - December</li> <li>Post Dated Cheques - January - August</li> </ol>		
	ecking a box above, you are authorizing the or debit your bank account on the 30th of ea				
Cı	redit Card Information (8 payments)		Bar	nking Information (12 payments)	
Card #:		Transit #			
Expiry:	1	Institution #:			
		Account	#:		
Account I	F	aymer	nt Amount:		
Payment	No. of Payments:				
• A	RTANT NOTE: Applications received after January will require months left in the plan. Applied interest will not be removed following seamont plans are re-occurring annually, with	submission o	f an ap	plication.	
AGREEMENT DISCLAIMER					
2. I agre or cre 3. I undo Portu 4. In the	erstand that Tax Installment Payment Plans arember 31 of the fiscal year. See to notify the Town of Portugal Cove–St. Phiedit card information. Serstand that I may cancel this authorization at Igal Cove–St. Philip's. See event that I cancel this agreement, I am awas own of Portugal Cove–St. Philip's.	ilip's prompt	ly in w	riting if there are any changes to my banking ding 30 days written notice to the Town of	

Signature: Date:

based on the balance due.