

**TOWN OF CLARESHOLM
PROVINCE OF ALBERTA
BYLAW #1798**

Claresholm

A Bylaw of the Town of Claresholm to provide acceptance of monies to be applied at a future date for payment of taxes.

WHEREAS it is necessary that Council, by Bylaw, allow such tax prepayments on accounts in such manner and subject to such conditions as may be set out in the Bylaw.

NOW THEREFORE PURSUANT TO THE PROVISIONS OF THE COUNCIL OF THE TOWN OF CLARESHOLM DULY ASSEMBLED ENACTS AS FOLLOWS:

TITLE

1. This Bylaw may be referred to as the **Tax Installment Payment Plan (TIPP) Bylaw No. 1798.**

AUTHORIZATION

- 2.1 Any person or corporation whose names appears on the Town of Claresholm property tax roll may apply to the Collector of the town to pay taxes on an installment basis in a total amount not greater than one hundred percent (100%) of the previous year's taxes.
- 2.2 No less an amount than twenty dollars (\$20.00) at any one time shall be accepted for any one parcel.
- 2.3 The payment of property taxes on a monthly installment basis shall take place on the 3rd day of each month and shall commence on or after January 3rd of the year to December 3rd of the year in which the current taxes are due upon the execution by the taxpayer of a form substantially as set forth in Schedule "C" attached hereto. Schedule "A", forming a part of this bylaw, authorizes automatic deductions from the taxpayer's account at a financial institution to the credit of the Town of Claresholm. Monthly payments are equal to the monthly payment calculated pursuant to Section 2.1 and Section 2.2. Such monies will be held to be applied at a future date in payment of current taxes. If the installment on the 3rd is unable to be processed, the Town will resubmit the amount for payment electronically to the bank two business days later.

OUTSTANDING CHARGES

3. In the event that there are taxes delinquent, in arrears or other outstanding charges chargeable on the property in question, any payment will be applied first to such delinquency, arrears or other charges. A tax roll will not be eligible for this program if there is any amount owing after December 31st of the previous year.

WITHDRAWAL

4. A participating taxpayer may, at any time, withdraw from the installment plan but no monies paid into the plan will be returned or refunded but will remain on account as a prepayment of property taxes.

CANCELLATION

- 5.1 The Collector may cancel the privilege of continuing in the installment plan if two installments fail to be honored within the same calendar year January to December.
- 5.2 A twenty-five dollar (\$25.00) service charge will be levied on payments which are not honored by the financial institution on which they are drawn, and such charge shall be added on to the taxes owing for each affected tax roll.

INDEMNIFICATION

6. The onus of providing correct banking information to the Town lies with the taxpayer. If incorrect information results in a TIPP payment(s) not being made, the fault is not that of the Town.

RESPONSIBILITY

7. TIPP participants are responsible to ensure that the preauthorized payments are being made in a timely fashion as per the service agreement signed by the participant. If they are not the onus is on the taxpayer to contact the Town of Claresholm to rectify the situation.

SCHEDULES

8. Attached are Schedule "A" – Tax Installment Payment Plan (TIPP) Application and Schedule "B" – Direct Withdrawal Authorization for Electronic Funds Transfers (EFT) and Schedule "C" – Termination of TIPP which are part of this Bylaw.

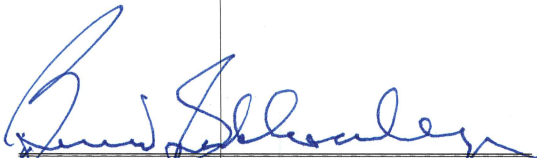
GENERAL

9. Bylaw #1497 & 1553 have hereby been rescinded.

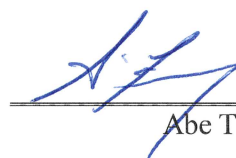
Read a first time in Council this **27th** day of **January** 2025 A.D.

Read a second time in Council this **27th** day of **January** 2025 A.D.

Read a third time in Council and finally passed in Council this **27th** day of **January** 2025 A.D.



Brad Schlossberger, Mayor



Abe Tinney, CAO



Claresholm

Tax Installment Payment Plan (TIPP)

ESTIMATED TAXES \$ _____ MONTHLY PYMTS \$ _____
(Based on previous years taxes) (Adjusted to actual @June 1st)

I, the undersigned, wish to make application to pay my annual taxes on:

ROLL #: _____ LOT: _____ BLOCK: _____ PLAN: _____

Claresholm on a monthly plan based on the following:

1. **The monthly payment shall be paid by Direct Withdrawal only on the 3rd day of each month or the next business day should the 3rd fall on a weekend or holiday. Payments to commence on January 3rd for current year's taxes.**
2. The monthly payment shall be equal to a minimum of 1/12 of the estimated taxes including frontage tax for any one year.
3. There shall be no interest or discount allowed on such payments nor shall there be any penalty levied against the unpaid portion of the taxes unless:
 - (A) The monthly payment is not made by the date mentioned above.
 - (B) The taxes and frontage tax levied in any one (1) year have not been paid in full by the thirty first (31) of December of that year.
4. In order to be eligible for participation in the upcoming year, this agreement will come into effect on or before the 24th day of December of this year and will remain in effect until such time a "Termination Agreement" is signed and submitted to the Town Office. (Form available at the front desk)
5. In the event that any of the foregoing clauses are not complied with, this agreement is considered to be cancelled and this tax account will be subject to all penalties etc., as outlined in various Bylaws of the Town of Claresholm.

NAME: (print) _____

TELEPHONE: _____

CIVIC ADDRESS: _____

MAILING ADDRESS: _____

SIGNATURE: _____

Approved
Town of Claresholm
Abe Tinney
C.A.O.



Town of Claresholm

Direct Withdrawal Authorization for Electronic Funds Transfers (EFT)

| | |
|----------------------------|--------|
| Contact Information | |
| Name/Company: | |
| Civic Address: | |
| Mailing Address: | |
| Contact Person: | Phone: |
| Title or position: | Fax: |

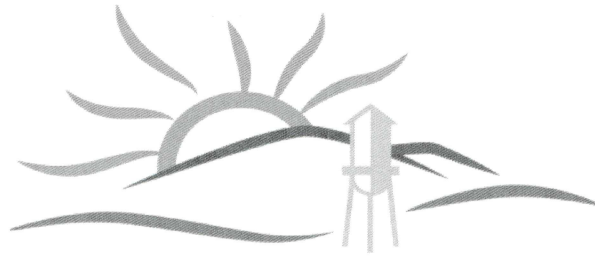
| | |
|--|---------------------------|
| Bank Account Information for Payment | |
| Please attach a blank cheque with your bank information on it. Write "VOID" across the front. Alternatively please provide the below information via direct deposit form from your bank or have your bank complete and stamp this section. | |
| Type of Account (please circle): | Chequing Savings |
| Name of bank or financial institution: | |
| Mailing address of branch where account is held: | |
| Transit No: | Teller Stamp: |
| Institution No: | |
| Account No: | |

| | |
|---|--------|
| Authorize Electronic Funds Withdrawal | |
| I Authorize the Town of Claresholm to withdraw, by electronic fund transfer, amounts owed by me to the Town of Claresholm for the designated programs below. The Town of Claresholm will withdraw payments from the banking account designated above. I recognize that it is my responsibility to ensure the banking information provided is accurate and kept updated. If I give incomplete or inaccurate information, or do not update the information if my banking information changes, withdrawals may not process or be made from the wrong account causing my payments to be in arrears. | |
| Authorized signature: | Title: |
| Printed name: | Date: |

| | |
|------------------------------|-------------------------------------|
| Please check all that apply: | |
| <input type="checkbox"/> | Tax Installment Payment Plan (TIPP) |
| <input type="checkbox"/> | Utility Payment Plan (UPP) |
| <input type="checkbox"/> | Other |

| | | |
|---|--------------|------------------------------|
| Please Fax, mail or email completed forms and voided cheque to: | | |
| Attention: Accounts Receivable Department | | |
| Mailing Address: | Fax: | E-mail |
| PO Box 1000 | 403-625-3869 | TIPP: info@claresholm.ca |
| Claresholm, AB T0L 0T0 | | UPP: utilities@claresholm.ca |

The Town of Claresholm, at its discretion may cancel the installment payment plan(s) if two installments fail to be honored within the same calendar year, January to December.



Claresholm

TOWN OF CLARESHOLM

Pre-authorized Payment
Tax Installment Payment Plan (TIPP)

Termination of TIPP

I/we wish to notify the Town of Claresholm to terminate the monthly automated withdrawals for payment of property taxes from the previously identified bank account, noting that transactions occur on the 3rd of every month.

Effective date of cancellation: _____

Roll Number: _____

Name: _____

Street Address: _____

Mailing Address: _____

Telephone: Home: _____ Business: _____

Authorized Signature

Authorized Signature

Date

A handwritten signature in blue ink, consisting of a stylized 'A' followed by a flourish.