



TIPPS

Tax Instalment Payment Plan Service
Pre-Authorized Debit Form

Roll Number
(on Property Tax Notice)

Property Address: _____

Name: _____
Bank Account Holder (Last Name, First Name)

Phone: _____
Home Work Cell

Name: _____
Joint Bank Account Holder (Last Name, First Name)

Phone: _____
Home Work Cell

Email Address: _____

TIPPS Start Date:

yy/mm

Branch Transit Number

Financial Institution

Deposit Account Number

☐ Savings

☐ Chequing Account

For Office Use Only

Payment Required: _____
(if applicable)
Date Entered: _____
yy/mm/dd

TIPPS Monthly Amount: _____

Entered By: _____ ☐ Applicant Copy Issued

Received by:

☐ Fax
☐ Mail
☐ Email
☐ In Person

* Please Check One:

☐ **New Application**

☐ **Change of Information**

Financial Institution Name: _____

Branch Address: _____

This plan is for: ☐ Personal Use ☐ Business Use

I/we authorize the City of Saskatoon and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit the bank account identified above on the first business day of each month for the current monthly amount of my TIPPS plan. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds on deposit to cover the TIPPS withdrawal.

The TIPPS monthly amount will vary during the taxation year (January to December). The TIPPS monthly amount is adjusted each January based on the tax levy of the previous year. This amount will be adjusted again in July after City Council passes the mill rate bylaw and the current year's taxes are levied. The City of Saskatoon will provide written notification of the changes to the withdrawal amounts noted above at least ten (10) days before the withdrawal dates. As TIPPS payments are rounded up to the highest dollar throughout the year, the December withdrawal will be for the exact amount of outstanding property tax. **I/We waive our right to receive notification from the City of Saskatoon ten (10) days before the change to December withdrawal.**

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any Pre-Authorized Debit (PAD) that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit <https://payments.ca/>.

This authority is to remain in effect until the City of Saskatoon has received **written** notification from me/us of its change or termination; this notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting <https://payments.ca/>. **City of Saskatoon TIPPS cancellation and change of bank forms are available online at www.saskatoon.ca or through the contact information below.**

Signature of Bank Account Holder

Signature of Joint Bank Account Holder

Name: _____
(please print)

Name: _____
(please print)

Date: _____

Date: _____

Mailing Address: _____

Postal Code

☐ Fax confirmation to: _____ (fax number)

Please submit completed application by email, mail, fax, or in person; include a sample cheque marked "Void" and payment if applicable.

Telephone: (306) 975-2400 or 1-800-667-9944 Monday to Friday, 8:30 am to 4:30 pm Email: revenue@saskatoon.ca

Mail: City of Saskatoon, PO Box 1788, Saskatoon, SK S7K 8E1

Fax: (306) 975-7975

Visit: Customer Service, Main Floor, City Hall, 222 3rd Avenue N, Monday to Friday, 8:00 a.m. to 5:00 p.m.