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PROPERTY TAX INSTALMENT PREPAYMENT PLAN

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|-------------------|-------------|--------------|
| Name(s): | | Roll Number: |
| Property Address: | | |
| Email: | | |
| Home Phone: | Work Phone: | Cell Phone: |

I, the undersigned, hereby authorize the Town of Comox to deduct monthly payments from my account for the prepayment of property taxes on the first business day of each month from August to May (10 payments) in accordance with the following terms and conditions. The treatment of each payment shall be the same as if the undersigned had personally issued a cheque. Any delivery of this authorization to the Town of Comox constitutes delivery by me to my financial institution.

I agree to inform the Town of Comox in writing of any change in the financial institution and account information in this authorization at least 14 days before a payment date. After notification of such change, this authorization will continue in respect of any new account to be used for payments to the Town of Comox. I will also notify the Town of Comox in writing at least 14 days before a payment date, if I **SELL or TRANSFER** my property.

This authorization may be cancelled at any time upon written notice to the Town of Comox at least 14 days before a payment date. I acknowledge the right of the Town of Comox to cancel my participation in the payment plan if **TWO** consecutive debits are not honoured by my financial institution.

I certify that all information provided with respect to the account is accurate. I warrant and guarantee that all persons whose signatures are required to sign on the account have signed this authorization.

I agree to pay all balances owing as stated on the annual property tax notice. I acknowledge the right of the Town of Comox to cancel my participation in the prepayment plan if my tax account has an outstanding balance at July 15th. I acknowledge and understand that I must apply for the Provincial Homeowner Grant (if eligible) and pay any taxes owing by the property tax due date in July each year to avoid a 10% penalty.

HOMEOWNER GRANT ELIGIBILITY

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|---------------------------|--------------|-------------|-----------------|
| Please circle one: | Not Eligible | Under 65 | Over 65 & other |
|---------------------------|--------------|-------------|-----------------|

Fixed Monthly Installment:

| |
|----|
| \$ |
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|---------------|--|
| Printed Name: | Signature: |
| Date: | Example of Initial (for future changes): |

