



**Town of Black Diamond**  
 Box 10, Black Diamond, Alberta T0L 0H0  
 Phone: (403) 933-4348 Fax: (403) 933-5865  
 Email: [tax@town.blackdiamond.ab.ca](mailto:tax@town.blackdiamond.ab.ca)

**AGREEMENT FOR TAX INSTALLMENT PAYMENT PLAN**

ROLL NUMBER: \_\_\_\_\_ CIVIC ADDRESS: \_\_\_\_\_

APPLICANT(S) NAME: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK / CELL \_\_\_\_\_

APPLICANT(S) MAILING ADDRESS \_\_\_\_\_ CITY, PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Payments will be made by:  Automatic withdrawal  Post-dated cheque (Tax only)

**\*\*PLEASE ATTACH A VOID CHEQUE OR FORM FROM YOUR BANK\*\***

I/We acknowledge the right for the Town of Black Diamond to cancel my/our participation in the payment plan(s) if any payments are not honoured by the participant's bank. Unpaid taxes, (including any transferred utility amounts) as of the date of termination of participation in the plan, will be subject to penalty as per the Penalty Bylaw.

I/we authorize The Town of Black Diamond, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Town of Black Diamond Tax account(s).

Regular monthly tax installments will be debited to my/our specified account on the 3rd day of every month.

The Town of Black Diamond will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until The Town of Black Diamond 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 at the address provided above. 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 [www.cdnpay.ca](http://www.cdnpay.ca) The Town of Black Diamond may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/We acknowledge that there may be changes in the amount of the tax instalment payment as of January 1 and/or July 1 each year. The recipient will be given 30 days written notice before payment amounts are adjusted for any reason.

PROPERTY TAX: \$ \_\_\_\_\_ INSTALLMENT AMOUNT: \$ \_\_\_\_\_ /month  
 (previous year)

APPLICANT(S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TERMS AND CONDITIONS**

*If the above property is sold or title is transferred, it is the responsibility of the participant to inform the Town of Black Diamond, in writing, at least two (2) weeks in advance of the next payment.*

*Tax instalment payments are non-refundable and are not transferable to other property tax accounts.*

*The personal information on this form is being collected under section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIPP) and may be used to manage tax accounts. Should you have any questions or concerns, please contact the FOIP Coordinator for the Town of Black Diamond at (403) 933-4348, or email [info@town.blackdiamond.ab.ca](mailto:info@town.blackdiamond.ab.ca)*