

2027 PROPERTY TAX PREPAYMENT PLAN AUTHORIZATION FORM

LAST NAME: _____

FIRST NAME: _____

FOLIO/ROLL NUMBER: _____

FIRST PAYMENT DATE: ____/____/____

See payment schedule on reverse. DD / MMM / YYYY

CIVIC ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

PAYMENT CALCULATION for initial year (optional, if blank staff will complete):

LAST YEAR LEVY: _____

ADD/LESS ADJUSTMENTS: _____

LESS HOMEOWNER GRANT: _____ If eligible.

MUST BE CLAIMED ANNUALLY WITH THE PROVINCE

= ESTIMATE OF TAX TO PREPAY: _____

÷ 11 (or ÷ ____) Months =
Payments remaining.

Monthly withdrawal amount for equal payments, initial year.

Payment amount reflects past activity and does not predict

future tax balances. **SEE PAYMENT SCHEDULE ON REVERSE**

TO COMPLETE ENROLLMENT:

1. Read and initial each box below. Print name, sign, and date this agreement.
2. Attach "VOID" Cheque, or DIRECT DEPOSIT / PRE AUTHORIZED DEBIT form from your financial institution.
3. Submit to City Hall at 3400 30 ST, or by email at covdata@vernon.ca.

☐ Initial I hereby authorize the City of Vernon to deduct payments from my bank account on the 15th of each month, for the months of August through May. I understand this amount will change each year due to annual recalculation.

☐ Initial I hereby authorize the City of Vernon to deduct payment of all outstanding property tax remaining on this account, from my bank account on the due date of July 2nd.

☐ Initial If eligible, I understand it is my responsibility to claim the homeowner grant with the Province of B.C. annually, prior to June 15th. Late claims may result in outstanding grant amounts being withdrawn on July 2nd.

☐ Initial A service charge of \$25 applies for each returned payment. Consecutively returned payments will result in program withdrawal.

☐ Initial NO REFUNDS of payments made through this plan will be provided upon request. After the due date, credits on account due to overpayments will be automatically returned by direct deposit mid-July.

☐ Initial Cancellation and change requests must be submitted in writing by the 10th of the effective month. The sale of a property does not automatically stop payments. This program is ongoing, it is my responsibility to cancel.

Print Name: _____

Date: _____

Signature: _____

Personal information is collected for the purposes of processing this authorization. The City of Vernon is collecting this information under s.26© of the Freedom of Information and Protection of Privacy Act. For any questions regarding the collection of personal information, please contact the FOI Clerk at foirequest@vernon.ca or 250-545-3491.



PROPERTY TAX PREPAYMENT PLAN SCHEDULE

