



Town of Dalmeny

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APPLICATION/AUTHORIZATION FORM Tax Installment Payment Plan Service (T.I.P.P.S.)

Applicant(s) Name: _____
(Please Print)

Mailing Address: _____

Property Address: _____ Roll No.: _____

Residential Phone: _____ Business Phone: _____

I/We hereby authorize my/our bank to:

FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

CITY AND PROVINCE: _____

ACCOUNT NUMBER: _____

debit my/our account, as noted above, on the 1st day of _____ 20____ in the
amount of \$ _____ to continue on the 1st banking day of each month until further notice.

The Town will make Monthly Payment Withdrawal Adjustments AFTER the New Levy is approved by
Dalmeny Town Council EACH year.

The Town will inform me in writing of the new amount before the 1st day of the Month in which
NEW withdrawal fees are taken from my account.

I agree to abide by the conditions as specified in the TIPPS information sheet.

Signature: _____ Signature: _____

Date: _____ Date: _____

PLEASE RETURN THIS FORM & SAMPLE CHEQUE MARKED 'VOID'.