

CITY OF THOMPSON
Tax Installment Payment Plan (TIPP) Application Form

1 Customer Information (Please print clearly)

Name _____

Roll Number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Location Address: _____

2 Bank Account Information

Deposit Account Number: _____ Bank Transit Number _____

Financial Institution Number _____

_____ Chequing Account _____ Savings Account

Financial Institution Name: _____

Branch Address: _____

3 Tax Installment Payment Plan Details

I authorize the City of Thompson and the financial institution shown on the enclosed VOID cheque to begin monthly deductions from my account for payment of property taxes under the TIPP program

This authority will remain in effect until the City of Thompson or I terminate it in writing. I agree that the plan can be terminated with at least 2 weeks written notice by either party. I agree to adhere to the policies of the TIPP program.

Signature of Account Holder: _____

Signature of Joint Account Holder (if applicable) _____

Name: _____

Name: _____

(Please Print)

(Please Print)

Date: _____

Date: _____

Please attach a sample cheque marked VOID to this application.

Return to:

City of Thompson
226 Mystery Lake Road
Thompson, MB R8N 1S6
Telephone: 204-677-7910
Fax: 204-677-7936