

TIPPS – Tax Installment Payment Plan Service – Banking Information Change

Property Roll Number | _____ |

Property Civic Address: _____

Name: _____ Mailing Address _____

Phone: _____ E-mail Address: _____
Home or Cell Work

Financial Institution Name: _____ Branch Location: _____

VOID CHEQUE MUST BE ATTACHED or if you do not have a void cheque, please see your Financial Institution so they can complete a Pre-Authorization Form.

I/we authorize the City of Yorkton and the financial institution designated (or any other financial institution I/we may authorize at any time) to debit the bank account identified above on the tenth business day of each month for the current monthly amount of my TIPPS plan. The actual withdrawal date at my financial institution may vary slightly but I will ensure that my account has sufficient funds on deposit to cover the TIPPS withdrawal.

Authorized Signature

Authorized Signature

Date

Date

Mail: or
City of Yorkton
Box 400
YORKTON, SK S3N 2W3
Att: Property Tax Department

Drop off at: or
City Hall Main Floor
37 Third Avenue North
Monday to Friday, 8:00 a.m. to 4:00 p.m.

E-mail:
assessor@yorkton.ca
Fax:
(306)786-6880

For Office Use Only

Application Approved: _____ Date Application on Hold: _____
Grounds for hold

Annual Taxes: _____ Distribution Period: _____ Months TIPPS Monthly Withdrawal: _____

Date Entered: _____ Date Effective: _____ Entered By: _____