CITY OF YELLOWKNIFE

INTEREST-FREE PRE-AUTHORIZED INSTALLMENTS FOR TAXES & LOCAL IMPROVEMENT CHARGES

New Authorization ☐ **Change in Bank Information** ☐

The City of Yellowknife offers an interest-free payment plan for taxes and Local Improvement Charges (LIC) to qualifying tax payers. The payment plan is simple to use and allows you to pay your taxes and Local Improvement Charges (LIC) interest-free over 12 months. Tax Installments from January to June are equal to 1/12 of the previous year's taxes. Tax Installments from July to December are equal to 1/6 of the balance due on the June tax bill. LIC installments are equal to 1/12 of the annual payment due. The City will notify you if the amount changes. To enroll in this service, please complete and submit the following form with a voided cheque by:

- **Faxing to 920-5649 (no cover sheet required) or**
- **Emailing to taxation@yellowknife.ca or**
- **Dropping off at City Hall or Mail to PO Box 580, Yellowknife, NT X1A 2N4**

The deadline to enroll for new installment plans is January 15th or July 15th of each year. Contact the City for PAP payment details if submitting form after the deadline.

There are some restrictions:

- Payments are only by automatic bank withdrawal on the last business day of each month.
- All outstanding taxes and any other charges must be paid by December 31st of the preceding year or June 30th.
- Your tax account is allowed to include only the current year's taxes. The installment plan will be discontinued if any other charges, such as unpaid utility charges, are added to your account.

Customer Information

Roll Number					
Assessed Owner(s)					
Municipal Address					
Contact Name(s)					
Residence Phone		**Email**			
Business Phone		**Cell**		**Fax**	

Bank Withdrawal

Account Holders Name					
Bank Name					
Branch/Transit Number		**Bank Number**		**Account Number**	

I/We (the above owner(s)) authorize the City of Yellowknife to debit my/our account as indicated above. Each payment shall be as if I/we had personally issued a cheque authorizing the Bank to pay the City as indicated and to debit the amount specified to my/our account. I/We will notify the City promptly in writing if I/we move the account from one bank or branch to another, of if there is any other change in the account. This authorization may be cancelled at any time upon written notice by me/us to the City. Any delivery of this authorization to the City constitutes delivery by me/us to the Bank. I/We am/are all the persons who are required to sign on the above account. I/We have a signed copy of this authorization form.

_____ _____

Signature Date

For Office Use Only

Start Date: _____ Installment: $_____

Date Processed: _____ Clerk Initials:_____ Customer ID:_____

DM#409773