

CANCELLATION OR CHANGE PRE-AUTHORIZED TAX PAYMENT PLAN

PROPERTY ROLL NO.: 2415 _____

OWNER(S) NAME: _____

PROPERTY LOCATION: _____

PHONE NO: _____

EMAIL: _____

CURRENT PLAN TYPE:

MONTHLY

DUE DATE

TAXPAYER DEFINED

EFFECTIVE DATE OF CHANGE/CANCELLATION: _____

This is my authorization advising that I wish to change or cancel the pre-authorized tax payment plan for the below noted reason:

BANK ACCOUNT CHANGE (*please attach new VOID cheque*)

CANCEL PLAN (*please provide 15 days notice*)

CHANGE PLAN TYPE TO: _____

CHANGE WITHDRAWAL AMOUNT (*applicable to Taxpayer Defined Plan only*)
NEW AMOUNT: \$ _____

SIGNATURE

DATE

The personal information on this form is collected under the authority of Section 342 of the Municipal Act, as amended and By-law No 2007-0005, as amended. The information is used for the purpose of processing this request and administering the program. Questions regarding the collection of this information should be directed to 905-873-2600 ext. 2623 or by email: taxdepartment@haltonhills.ca