

Cancellation or Change Form Pre Authorized Payments

Date:	-	
Tax Roll Number:		
I/we,		, would like to:
Change banking information (attached	d new void cheque)	
Change in banking information is to ta	ake effect	
Cancel pre authorized payment plan		
Cancellation is take effect as of		
I acknowledge that this cancellation does no may have with The Corporation of the Towns	•	ancial obligation that I
Print Name	Signature	
Print Name	Signature	

Please return completed form to either the address above or taxes@twp.stclair.on.ca