



Change to Preauthorized Accounts

Date: _____

Roll # _____

Name(s): _____

- Please cancel the automatic withdrawal from my account
- Please change my monthly payment to \$ _____
- Change my banking information (void cheque attached)
- Please change my payment withdrawal option to:
 - Monthly Installments (10 monthly payments) from January to October withdrawn on the **15th** day of each month or the next business day
 - Monthly Installments (10 monthly payments) from January to October withdrawn on the **27th** day of each month or the next business day
 - Due Dates** for each installment of the interim and final tax bills

Effective Date: _____

Signature