



Change to Pre-Authorized Tax Payment Plan Form

Select the following action you would like to take:

- Cancel automatic withdrawals from my account and end my pre-authorized payment plan
- Change my banking information (void cheque attached)
- Change the pre-authorized payment plan I am on

Please select the new pre-authorized payment plan you would like to change to:

- | | | |
|--|--|---|
| <input type="checkbox"/> Monthly Installments (10) from January to October withdrawn on the 15th day of each month or the next business day | <input type="checkbox"/> Monthly installments (10) from January to October withdrawn on the 27th day of each month or the next business day | <input type="checkbox"/> Payment withdrawn on the Due dates for each installment of the Interim and Final Tax Bill |
|--|--|---|

Roll Number: 1536 - _____

Names (s): _____

Effective Date: _____

All owners must sign. Any account requiring two signatures must have the same two signatures on this application form:

Signature: _____

TYPED SIGNATURES ARE NOT VALID

Signature: _____

TYPED SIGNATURES ARE NOT VALID

Submit this form by:

Email: d.everson@northkawartha.ca

Mail: PO Box 550, 280 Burleigh St., Aspley, ON K0L 1A0

Drop Off in Person

Or Contact: (705) 656-4445 extension 233

Office Use Only:

Current Calculated Amount _____ Date Entered: _____ Initial _____