

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October withdrawn on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October withdrawn on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 Payment withdrawn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

Roll Number: 1536 - \_\_\_\_\_

Names (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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](mailto:d.everson@northkawartha.ca)

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

Drop Off in Person

Or Contact: (705) 656-4445 extension 233

Office Use Only:

Current Calculated Amount \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initial \_\_\_\_\_