

PROPERTY ROLL NO.: 2415	
OWNER(S) NAME:	
PROPERTY LOCATION:	
PHONE NO:	
EMAIL:	
<u>CURRENT PLAN TYPE</u> :	
MONTHLY DUE DATE	

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 30 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

CS-2018-01

Corporate Services Dept. Tel: (905) 873-2600 ext. 2622 Fax: (905) 873-2347 taxdepartment@haltonhills.ca