## **PROPERTY TAX**

## PRE-AUTHORIZED PAYMENT PLAN CHANGE FORM

FOLIO #
ADDRESS:
REQUESTED BYDAYTIME PHONE NUMBER
DATE THAT CHANGE WILL BE EFFECTIVE **  *Please note information should be given at least fourteen days prior to an installment date to be effective for that installment.
□ CHANGE OF BANKING INFORMATION (ATTACH VOID CHEQUE)
□ CHANGE OF MONTHLY WITHDRAWAL AMOUNT FROM: \$ TO: \$
□ ADDITIONAL PROPERTY TO BE ADDED
FOLIO # MONTHLY AMOUNT \$
AUTHORIZED SIGNATURE:
□ CANCEL PREPAYMENTS:  AUTHORIZED SIGNATURE
PREPAYMENT CREDIT BALANCES WILL NOT BE REFUNDED. IF THE PROPERTY IS SOLD THE CREDIT SHOULD BE INCLUDED IN THE STATEMENT OF ADJUSTMENTS AT TIME OF SALE.
Office Use Only
Received by: COUNTER PHONE MAIL EMAIL FAX
Change enteredDate
ATTACH COPY OF LETTER OR EMAIL TO CHANGE FORM
FOLIO# CHANGE AMOUNT