



PRE-AUTHORIZED TAX PAYMENT CHANGE RECORD

Account Information Change for Pre-Authorized Payment Plan

Roll No. _____ Date: _____

Address: _____

Please cancel my PAP payment after _____ Yr. Mo. Da.

Reason for cancelling:

Sold property with the closing date being: _____ Yr. Mo. Da.

Mortgage company now responsible for payment

Please reinstate normal billing (Original 4 Installments)

Please change the account for which my payment is being withdrawn

Starting date: _____ Yr. Mo. Da.

Attach a new VOID cheque for any account changes.

Authorizing Signature(s)

Signature of Account Holder:

Signature of Joint Account Holder
(If applicable):

Date: _____

Date: _____

Send this completed form and, if applicable, a cheque marked VOID to:

The Township of Malahide

87 John St. South
Aylmer ON N5H 2C3
Phone: 519-773-5344

Fax: 519-773-5334
Email: finance@malahide.ca
Website: www.malahide.ca

The information collected on this form will be maintained in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, as amended, and it will be used only for the purposes of the Township of Malahide's Pre-Authorized Payment Plan.