



PROPERTY TAX OFFICE: 220 Colborne Street  
P.O. BOX 515, BRANTFORD, ON. N3T 6L6  
Phone: 519-750-1072 Fax: 519-770-1259

**CHANGE / CANCELLATION OF PRE-AUTHORIZED PAYMENTS**

...City of Brantford By-Law Number 53-94 (As Amended)...

Roll Number: 2906 - \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ Account Number: 0 \_ \_ \_ \_ \_

Property Address: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

**NOTICE OF BANK ACCOUNT CHANGE**

New Financial Institution: \_\_\_\_\_

Branch #: \_\_\_\_\_ Transit #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

WE REQUIRE FIVE (5) BUSINESS DAYS NOTICE PRIOR TO THE  
NEXT SCHEDULED PAYMENT WITHDRAWAL, TO CHANGE BANKING INFORMATION

(PLEASE ATTACH A VOID COPY OF YOUR NEW CHEQUE HERE.)

**REQUEST FOR CANCELLATION**

I / we hereby wish to cancel participation in the Pre-Authorized Payment plan,  
effective with the next withdrawal date scheduled for : \_\_\_\_\_ (date of withdrawal) \_\_\_\_\_ (INITIAL)

Notice of Cancellation must be received at least five (5) business days prior to the  
next scheduled payment withdrawal, to ensure that the next payment is cancelled.  
Payments withdrawn without the required advance notice will not be refunded.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(If more than one signature is required on your cheques, all persons must sign this form.)