



CITY HALL: 58 Dalhousie Street
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CHANGE / CANCELLATION OF PRE-AUTHORIZED PAYMENTS

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

Roll Number: 2906 - ____ - ____ - ____ Account Number: ____

Property Address: _____

Owner Name(s): _____

NOTICE OF BANK ACCOUNT 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Payments withdrawn without the required advance notice will not be refunded.

REQUEST FOR CHANGE OF MONTHLY PAYMENT DATE

CHANGE TO: 1ST 15TH

Notice of change of payment date must be received at least five (5) business days prior to the next scheduled payment withdrawal, to ensure that the next payment is withdrawn on the new date requested.

SIGNATURE

DATE

SIGNATURE

DATE

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