



8348 Wellington Road 124,
P.O. Box 700
Rockwood ON N0B 2K0
Tel: 519-856-9596
Fax: 519-856-2240
Toll Free: 1-800-267-1465

PRE-AUTHORIZED PAYMENT PLAN CHANGE REQUEST FORM

Assessment Roll No.: _____

Property Location: _____

Owners Name(s): _____

(1) _____ (2) _____

Contact No. (s): Residence: _____ Cell: _____

Email Address: _____

Please change the banking information for my Pre-Authorized Tax Payment Plan to reflect the details on the attached "VOID" cheque or Electronic Funds Transfer Form. Please check which type of plan you are currently enrolled in. Change requests must be received by the Township of Guelph/Eramosa by the 15th of the month prior in order to be reflected for the next payment. Completed forms can be faxed to (519) 856-2240 or emailed to ivanalstine@get.on.ca.

Type of Plan: (Choose one of the following options by checking the box)

MONTHLY

INSTALLMENT DATE

Authorized Signature (1)

Date

Authorized Signature (2)

Date

If more than one signature is required for withdrawals against the account number shown on the attached cheque, all authorized signatures must be given.

Notice of Collection: The collection of this information is being done under the authority of the *Municipal Act, 2001, S.O. 2001 c.25. Pursuant to Sections 317(1) and 317(3)*. Should you have any questions about the collection or retention of this information, please contact Township Clerk at 1 (519) 856-9596 Ext. 107.

ATTACH VOID CHEQUE OR ELECTRONIC FUNDS TRANSFER FORM HERE

Please mail or scan and email