

PRE-AUTHORIZED PAYMENT PLAN CANCELLATION FORM

Effective Date of Cancellation: _____

Please cancel the Pre-Authorized Tax Payment for:

Assessment Roll No.: _____

Property Location: _____

Owners Name(s):

(1) _____ (2) _____

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

Email Address: _____

Authorized Signature (1)

Date

Authorized Signature (2)

Date

Cancellation requests must be received by the 15th of the month prior to the next withdrawal in order to cancel the next payment.

Completed forms can be emailed to: taxes@get.on.ca , by mail or faxed to 1(519) 856-2240.