



CANCELLATION OR ACCOUNT INFORMATION CHANGE FORM

Pre-Authorized Tax Payment Plan

Property Roll Number

Date

Property Address

Postal Code

Property Owner(s)

Telephone (Home)

Telephone (Other)

CANCEL PRE-AUTHORIZED PAYMENT PLAN

Requested date of cancellation: _____

Reason for Cancelling

☐

Property sold - closing date: _____

☐

Mortgage company now responsible for payments

☐

Return to quarterly tax billing

CHANGE OF PAYMENT PLAN

Requested date of change: _____

☐

Due Date Plan (4 payments)

☐

Monthly Plan (10 Payments)

CHANGE OF FINANCIAL INSTITUTION / BANKING INFORMATION

Please change the account for which my payment is being withdrawn

Requested date of change: _____

Please attach VOID cheque or pre-authorized bank form for any account change.

Authorized Signature (s)

Note: If more than one signature is required for the financial institution/bank account, then all must sign this document.

Signature (1)

Signature (2)

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

Corporation of the City of Sault Ste. Marie
Corporate Services, Finance Admin
P.O. Box 580
Sault Ste. Marie, ON P6A 5N1

Telephone: 705-759-5351
Fax: 705-759-8447
E-Mail: finance@cityssm.on.ca