

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 responsik	ole 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 / BAN	KING 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Please change the account for which my payment is being withdrawn	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 in	nstitution/bank account, then all must sign this document.
Signature (1)	Signature (2)

Send this completed form and, $\underline{\text{if applicable, a cheque marked VOID}}\ \text{to:}$

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