



# GEORGINA

26557 Civic Centre Rd.  
Keswick, Ontario L4P 3G1

## Pre-Authorized Payment Plan

Roll #1970 000 \_\_\_\_\_ .0000

### Pre-Authorized Payment Plan Cancellation/Change Form

Please complete this form to cancel your pre-authorized payment or change your financial institution and deliver to Town of Georgina 2 weeks before the cancellation or change date.

Date \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Property Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Cancel my Pre-Authorized Payment Plan

Cancellation Effective Date
_____
MMM/DD/YYYY

Change my Financial Institution

Name of Financial Institution: \_\_\_\_\_

Transit # \_\_\_\_\_ Bank # \_\_\_\_\_ Bank Account# \_\_\_\_\_  
(5 digits) (3 digits)

Please attach either a void cheque or form from your financial institution for verification.

Change Account Effective Date
_____
MMM/DD/YYYY