

## PRE-AUTHORIZED PAYMENT BANKING INFORMATION CHANGE REQUEST FORM

Please change the banking information for my Pre-Authorized Tax Payment as per the attached VOID cheque.

**NOTE:** Banking information changes must be received in our office 10 business days prior to the next withdrawal in order to process the next payment. This completed form can be faxed to 705-382-2068 or emailed to info@armourtownship.ca

PROPERTY ROLL NUMBER:_				
Property Address:				
Effective Date for this change:_				
I/We hereby authorize The Corcheque, for all estimated taxes cancelled at any time upon noti	applicable to the abo			
Name (printed):				
Signature			ate	
Signature(For joint accounts all depositors n	nust sign if more than o	 one signature is re	ate_ quired on cheques issued	against the account)
***********	********	******	*********	*********
ONLY COMPLETE THE FOLL Bank	OWING INFORMAT k Details Sample Bai			VOID CHEQUE
NOTE	Transit no.	Bank no.	Account no.	
Bank Account #	Branch Transit # (5 Digits)		Institution # (3 Digits)	
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Personal information on this form is collected under the authority of the Municipal Act, 2001 and is used to maintain a record of individuals participating in the Pre-Authorized Tax Payment Plan in the Township of Armour.