Township of East Zorra-Tavistock

Box 100 / 89 Loveys Street
Hickson, Ontario N0J 1L0

Account Information Change for
Pre-Authorized Payment Plan

Date: _____

Roll No.: _____

Address: _____

Owner Names: _____

Please cancel my Pre-Authorized Payment Plan after _____ payment is processed.
Year Month Day

Reason for cancelling (please check box)

- ☐ Sold property with the closing date being: _____
  Year Month Day
- ☐ Mortgage company now responsible for payment.
- ☐ Please reinstate normal billing (4 Installments).

Please change the account for which my payment is being withdrawn

Starting date: _____
Year Month Day

See attached VOID cheque or letter from financial institution for any account change.

Authorizing Signature(s)
Note: If more than one signature is required for the financial institution account, then all must sign this document.

Signature 1 _____

Date _____

Signature 2 _____

Date _____

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

Township of East Zorra-Tavistock
PO BOX 100
èç Loveys St
Hickson ON
N0J 1L0

Email taxes@ezt.ca
Web www.ezt.ca

Phone 519.462.2697
Fax 519.462.2961