Cancellation/Change to PAP

Owner Name(s): 1)_____ 2)_____

Municipal Address: _____

Tax Roll No. _____

Account No. _____

Effective date of change/cancellation: _____

Request for: ☐ change
☐ cancellation

Reason(s):

☐ Bank information has changed (attach new voided cheque)

☐ Property sold, closing date _____

☐ Return to the instalment plan (pay on their own)

☐ Change Plan: 1) from Standard 10 month to Due Dates
2) from Due Dates to Standard 10 month

☐ Bank/financial institution will now be paying _____

☐ Transfer to new property address effective _____

Forwarding address (if different from current mailing address only):

_____

_____

_____

I hereby request a change or cancellation to the pre-authorized payment plan for the above listed reason(s).

_____ _____

Authorized Signature Date

Town of Orangeville
87 Broadway
Orangeville, ON, L9W 1K1

Email: propertytaxes@orangeville.ca
tel: 519-941-0440 ext. 7306
fax: 519-941-9569