

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

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