

Account Information Change for Pre-Authorized Payment Plan

	Date:			
		Year	Month	Day
Name:		_		
Roll/Account No.:		_		
Address:				
Please cancel my Pre-Authorized Payment Pla	n after Year Month	Day	payment is	s processed.
Reason for cancelling (please check box)				
\Box Sold property with the closing date beir	ng: Year Month Da	ıy		
Mortgage company now responsible fo	r payment.			
Please reinstate normal billing (5 Instal	lments).			
Please change the account for which my payment is Starting date:	Day	ount cha	inge.	
Authorizing Signature(s) Note: If more than one signature is required for document.	the financial institution ac	count, t	hen all mus	st sign this
Signature 1	Signature 2			
E-mail address	Date			
Send this completed form and, if applicable, a c	heque marked VOID to:			
Taxation, City of London PO Box 5256 4 th Floor, Room 407 300 Dufferin Avenue	Telephone: 519- Fax: 519-661-65		40	

NOTICE OF COLLECTION OF PERSONAL INFORMATION

London, ON N6A 5M6

The personal information collected on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, and will be used to process your request to change an existing pre-authorization payment plan. Questions about this collection should be addressed to the Manager, Customer Service & Assessment, Finance & Corporate Services at 300 Dufferin Ave., London, ON N6A 4L9. Tel: 519-661-4540.

E-mail: taxoffice@london.ca