



Assessment Roll Number \_\_\_\_\_

## **Pre-authorized Tax Payment Plan Cancellation Request Form**

**Please cancel the Pre-authorized Tax Payment Plan for:**

Name \_\_\_\_\_

Property Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Effective Date \_\_\_\_\_  
(day / month / year)

**Cancellation requests must be received by the 15<sup>th</sup> of the month prior to the next withdrawal in order to cancel the next payment.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed form can be faxed to 519-856-2240 or emailed to [mkeleher@get.on.ca](mailto:mkeleher@get.on.ca)