



# Cancel Change Form Pre-Authorized Tax Payment

This form is to be used to **change** or **cancel** your existing Pre-Authorized Tax Payment plan. For new enrolments please complete an application, which can be found at [www.clearview.ca](http://www.clearview.ca)  
This form must be completed, signed, dated and returned at least 15 days before the next payment date.  
Incomplete forms will be returned.

Please choose one of the following:

- Cancel my Pre-Authorized Payment Plan**
- Change Financial Institution (FI) account information**

<b>Effective Date of Cancellation/Change</b>
_____
<b>YYY/MM/DD</b>

## Property Information

Assessment Roll Number (19 digits): <b>4329 --</b>			
Property Address:			
Owner(s):			
Signature*:		Signature*:	
Date (YYYY/MM/DD):	Telephone:	Date (YYYY/MM/DD):	Email Address::

\* Please provide additional signatures, if more than one signature is required on cheques issued against the account.

## New Financial Institution Account Information

<b>Please attach a void cheque or have your bank/financial institution complete the following.</b>			
Financial Institution (FI) Transit Number:		FI Number:	FI Account Number:
FI Name:		FI Address:	
FI Officer Name:		FI Officer Title:	
FI Officer Signature:		FI Officer Phone Number:	

**Email:** [tax@clearview.ca](mailto:tax@clearview.ca)

**Mail:** Township of Clearview  
C/O Tax Department  
217 Gideon St  
PO Box 200  
Stayner, ON L0M 1S0

In accordance with the Municipal Freedom of Information and Privacy Protection Act (MFIPPA), all information collected under the authority of the Municipal Act, 2001, will be used only for payment collection and processing purposes. Canadian Payments Association H1, Pre-Authorized Debit Agreement Form 2008.doc