TOWN OF
WHITCHURCH–STOUFFVILLE

Submit by email to:
Tax Department tax@townofws.ca
Water Department water@townofws.ca

CHANGE OF BANK INFORMATION - PRE-AUTHORIZED PAYMENT PLAN

Tax Roll No. | 0 | 0 | 0 | | | | | | | | | 0 | 0 | 0 | 0 |

Water Account No. | | | | | | | | | |

Property Location: _____

Please change the banking information for my Pre-Authorized Tax / Water Payment as per the attached **VOID** cheque.

Effective Date: _____

ATTACH REPLACEMENT CHEQUE HERE

Signature(s): _____ **Phone:** _____

Print Name(s): _____ **Email:** _____

Please remember that changes must be received at least two (2) weeks prior to the withdrawal date. All changes must be in writing.

Office Use Only:

Plan Type: _____ Date Change Completed: _____