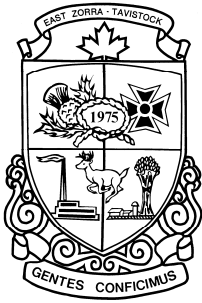


# Township of East Zorra-Tavistock

Box 100 / 90 Loveys Street  
Hickson, Ontario N0J 1L0



## Account Information Change for Pre-Authorized Payment Plan

Date: \_\_\_\_\_

Roll No.: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Names: \_\_\_\_\_

Please cancel my Pre-Authorized Payment Plan after \_\_\_\_\_ payment is processed.  
Year      Month      Day

Reason for cancelling (please check box)

- Sold property with the closing date being: \_\_\_\_\_  
Year      Month      Day
- Mortgage company now responsible for payment.
- Please reinstate normal billing (4 Installments).

Please change the account for which my payment is being withdrawn

Starting date: \_\_\_\_\_  
Year      Month      Day

See attached VOID cheque or letter from financial institution for any account change.

### Authorizing Signature(s)

**Note:** If more than one signature is required for the financial institution account, then all must sign this document.

Signature 1

Signature 2

\_\_\_\_\_

\_\_\_\_\_

Date

Date

\_\_\_\_\_

\_\_\_\_\_

Send this completed form and, if applicable, a cheque marked VOID to:

Township of East Zorra-Tavistock  
PO BOX 100  
90 Loveys St  
Hickson ON  
N0J 1L0

Email [ezt@ezt.ca](mailto:ezt@ezt.ca)  
Web [www.ezt.ca](http://www.ezt.ca)

Phone 519.462.2697  
Fax 519.462.2961