

200 McIntyre St. East P.O. Box 360 North Bay, Ontario P1B 8H8 Tel: 705-474-0400 Fax: 705-495-2378

ROLL NUMBER ______

Date Received

WATER ACCOUNT NUMBER

ADDRESS

Tax and Water Pre-Authorized Change/Cancellation

(Please note: We require 15 days notice to process any changes or cancellations)

Please attach a VOID cheque, if you require Banking info Change

TAX:	CANCEL	CHANGE	
Banking Info			
Withdraw Date 1st or 15th			
Due Date Plan			
Please process my request after the <u>/ /</u> payment is processed. MM DD YYYY			
Water:	CANCEL	CHANGE	
Banking Info			
Budget Plan to Regular Pre-Authorized			
Regular Pre-Authorized to Budget Plan			
Please process my request after the $\begin{subarray}{c c c c c c } & / & / & \\ & MM & DD & YYYY \end{subarray}$			
Final Meter Reading Date, if required / / / MM DD YYYY			
Address to send Final Bill			
	OFFICE USE ONLY:		
		FINAL READ	
Print		Si	gnature
Date			Phone

Personal information on this form is collected under the authority of Section 342 of the Municipal Act, 2001, S.O. 2001, C.25 (as amended), and will be used to determine eligibility for enrollment in a Pre-Authorized Payment Plan for automatic bank withdrawals to remit taxes to the City of North Bay. **Questions relating to the Program should be directed to the City of North Bay Pre-Authorized Payment Clerk (705) 474-0626 extension 2121.**