



MUNICIPALITY OF THAMES CENTRE
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PRE-AUTHORIZED CHEQUING PLAN – PROPERTY TAX

NOTICE OF OPTION CHANGE

NAME (S): _____

PHONE NO. RES: _____ BUS: _____

PROPERTY ADDRESS: _____

ASSESSMENT ROLL #: _____ CUSTOMER ID _____

EFFECTIVE DATE FOR CHANGE: _____

All changes must be requested in writing at least 28 days prior to withdrawal date

Please change my pre-authorized chequing plan as follows:

- Change my PAC Option from “Ten Monthly Payments” to “Installment Due Date”
- Change my PAC Option from “Installment Due Date” to “Ten Monthly Payments”
- Change my bank account information to:

Financial Institution: _____

Chequing Account #: _____

NOTE: A “VOID” CHEQUE MUST BE ATTACHED.

 **AUTHORIZED SIGNATURE (1)

 DATE

 **AUTHORIZED SIGNATURE (2)

 DATE

** If more than one signature is required for withdrawals, all authorized signatures must be given.

FOR OFFICE USE ONLY:	
DATE PROCESSED: _____	INITIAL: _____