



**MUNICIPALITY OF THAMES CENTRE**  
 4305 Hamilton Road, Dorchester ON, N0L 1G3  
 Phone: (519) 268-7334 Fax: (519) 268-3928  
 Web [www.thamescentre.on.ca](http://www.thamescentre.on.ca) Email [inquiries@thamescentre.on.ca](mailto:inquiries@thamescentre.on.ca)

**PRE-AUTHORIZED CHEQUING PLAN – PROPERTY TAX**

**CANCELLATION REQUEST**

NAME (S): \_\_\_\_\_

PHONE NO. RES: \_\_\_\_\_ BUS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ASSESSMENT ROLL #: \_\_\_\_\_ CUSTOMER ID#: \_\_\_\_\_

**All cancellations must be requested in writing at least 28 days prior to withdrawal date.**

CANCELLATION DATE: \_\_\_\_\_

REASON FOR CANCELLATION: \_\_\_\_\_

\_\_\_\_\_

**I/WE HEREBY WITHDRAW FROM THE PRE-AUTHORIZED TAX PAYMENT PLAN WITH RESPECT TO THE ABOVE NOTED PROPERTY.**

\_\_\_\_\_  
 \*\*AUTHORIZED SIGNATURE (1)

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 \*\*AUTHORIZED SIGNATURE (2)

\_\_\_\_\_  
 DATE

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

<b>FOR OFFICE USE ONLY:</b>	
DATE PROCESSED: _____	INITIAL: _____