

PROPERTY TAX  
**Pre-Authorized Payment**  
**Change or Cancellation**

A completed form is required for each property to change or cancel the pre-authorized payment agreement.

**I would like to (check one):**

- ☐ Cancel my pre-authorized payment
- ☐ Change the bank account of my pre-authorized payment

**Note:** If you are changing your banking information, **please attach a void cheque.**

**Date Effective** (YYYY/MM/DD): \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Owner Name** (if different than customer): \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Email:** \_\_\_\_\_

**Civic Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Roll Number:** 3 6 5 0 - \_\_\_\_|\_\_\_\_|\_\_\_\_ - \_\_\_\_|\_\_\_\_|\_\_\_\_ - \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_

**Comments:** \_\_\_\_\_

This form is due at least 10 days in advance of the next scheduled withdrawal date, being the 15th of each month, or the next tax installment due date, depending on which plan you have.

**Customer's Signature:** \_\_\_\_\_

**Representative's Signature:** \_\_\_\_\_

**Please complete this form and return it in one of the following ways:**

**Mail: Chatham-Kent Tax Department – Civic Centre**

315 King Street West, PO Box 640  
Chatham ON N7M 5K8

**Email:** [ckar@chatham-kent.ca](mailto:ckar@chatham-kent.ca)

**Fax:** (519) 358-4534 (Attention: Tax Department)

**In person:** Any Municipal Service Centre