



THE CORPORATION OF THE CITY OF SARNIA

Finance Department - Tax Office

255 Christina St. N. P.O. Box 3018

Sarnia, ON N7T 7N2 Canada

Phone: (519) 332-0330 Fax: (519) 332-1466

Email Address: taxclerk@sarnia.ca

Cancellation or Account Information Change Form Pre-Authorized Payment

Date: _____

Tax Roll #: _____ Phone Number: _____

Address: _____

Property Owner(s): _____

Please cancel my PAP payment after _____ DATE PAP is processed

Reason for cancelling

- Sold property with the closing date being _____
- Mortgage company now responsible for payment
- Please reinstate normal billing

Please change the account for which my payment is being withdrawn

Starting date: _____

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

Name (Please Print)

Name (Please Print)

SEND THIS COMPLETED FORM AND, IF APPLICABLE, A CHEQUE MARKED VOID TO THE ABOVE ADDRESS