

**TOWN OF WHITBY**

**Pre-Authorized Tax Payment Plan Cancellation Request**

Property Location: \_\_\_\_\_

I/We \_\_\_\_\_, am/are requesting the above mentioned tax account be cancelled from the Pre-Authorized Tax Payment Plan effective for: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Please print name(s): \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Please remember that cancellations must be received by the end of the month prior to the month that you want the cancellation to take effect. All cancellations must be in writing.**

Roll No: 

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