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PROPERTY TAX

Cancellation or Change to Pre-Authorized Payment Information

Name:	Telephone Number:
Property Address (including Postal Code):	Customer ID:
Address Continued:	Roll Number:
Please choose one of the following options:	
<input type="checkbox"/> I hereby request a change to the pre-authorized payment plan. Effective date: _____ Please choose one of the following reasons for the adjustment.	
<input type="checkbox"/> Bank information has changed (attach new 'VOID' cheque)	
<input type="checkbox"/> I would like to change my plan from due date to 12 monthly.	
<input type="checkbox"/> I would like to change my plan from 12 monthly to due date.	
<input type="checkbox"/> *I will be moving within the Municipality of Port Hope boundaries, please transfer to new property.	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> I hereby request a cancellation to the pre-authorized payment plan. Effective date: _____ Please choose one of the following reasons for the adjustment.	
<input type="checkbox"/> I will be paying taxes on my own.	
<input type="checkbox"/> My financial institution will now be paying.	
<input type="checkbox"/> Property has sold. Closing date: _____	
*Please complete only if you have requested that your pre-authorized payment plan be transferred to your new property within the boundaries Municipality of Port Hope.	
New Property Address (including Postal Code):	New Tax Roll Number:
_____	_____
_____	_____
I hereby authorize the Municipality of Port Hope to make the appropriate adjustment(s) to my pre-authorized payment plan as Identified above.	
Signature: _____	Date: (YYYY/MM/DD) _____
For Office Use Only	
Processed by _____	Date _____