



56 Queen Street  
Port Hope, ON L1A 3Z9  
t: 905.885.4544  
f: 905.885.1807  
[finance@porthope.ca](mailto:finance@porthope.ca)

### Cancellation or Change to Pre-Authorized Payment Information

Name:	Telephone Number:
Property Address (including Postal Code):	Customer ID:
Roll Number:	Utility Account Number:
Please choose <b>one</b> of the following options:	
<input type="checkbox"/> I hereby request a <b>change</b> 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 <b>cancellation</b> 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: _____	
<b>*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.</b>	
New Property Address (including Postal Code):	New 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) _____
<b>For Office Use Only</b>	
Processed by	Date
_____	_____