



**PRE-AUTHORIZED PAYMENT  
TAX PAYER DEFINED PAYMENT PLAN  
CHANGE AMOUNT FORM**

Property Roll Number: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current monthly withdrawal amount: \$ \_\_\_\_\_

**Change** the withdrawal amount to \$ \_\_\_\_\_ Date effective for: \_\_\_\_\_

**PLEASE NOTE:** Withdrawal amount changes must be received in our office 10 business days prior to the next withdrawal in order to process the next payment with the new amount.

**Completed form can be faxed to 705-382-2068 or emailed to [info@armourtownship.ca](mailto:info@armourtownship.ca)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account.)

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**OFFICE USE ONLY**

Withdrawal amount updated as of \_\_\_\_\_ by \_\_\_\_\_