

500 - 2 Avenue NE Mailing: PO Box 40 Salmon Arm, BC V1E 4N2 Main Phone: 250-803-4000

www.salmonarm.ca

Property Tax Pre-Authorized Prepayment Plan

Revision Form

Complete this form if you wish to change or cancel your participation in the Pre-Authorized Prepayment Plan.

Written notification is	required 10 working days prior to	the next installment date.	
Effective Date of Revis	Sion: / / /	Year	
CONTACT INFORMAT	ION:		
Name:			
	(Last Name, First Name <u>or</u> Business Name)		
Email:		Main Phone Number:	
Mailing Address: (If different from below)			
PROPERTY INFORMA	TION (for owners with multiple propertie	es, a form must be completed for eac	ch individual property):
Civic Address:		Roll Number:	
Change Bank Acco Void Cheque or Pr Change Monthly I Change Amou	reauthorized Debit Form from fina Instalment Amount (Minimum \$25)	ncial institution required – att 5 required) to \$	
Cancel Pre-Autho Reminder: No refundance account should be a lower hereby authorize lower acknowledge that	prized Payment Plan Indition to be issued, as payments remain was adjusted at the time of sale on the Start the City of Salmon Arm to make the the City of Salmon Arm will confirmation is a start to ensure that confirmation is a start to the confirmation in the confirmation is a start to the confirmation in the confirmation is a start to the confirmation in the confirmation is a start to the confirmation in the confirmation is a start to the confirmation in	tement of Adjustments prepared ne above changes to my Pre-Al rm that they have received the	by your legal representative. uthorized Prepayment Plan. e above information.
Print Name:	Signature:		Date:
Bylaw No. 3195). The City of	ollected for the purpose of establishing a pure of Salmon Arm is collecting this information is collection and use of personal information	n under s.26(c) of the <i>Freedom of Info</i>	ormation and Protection of Privacy Act.
OFFICE USE ONLY			☐ ID verified