



The Municipality of the
VILLAGE OF BURK'S FALLS

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0
P 705-382-3138 • F 705-382-2273 • www.burksfalls.net

TAX PRE-AUTHORIZED PAYMENT

BANKING INFORMATION CHANGE REQUEST FORM

Please change the banking information for my Pre-Authorized Tax Payment as per the attached VOID cheque.

NOTE: Banking information changes must be received in our office 10 business days prior to the next withdrawal in order to process the next payment. This completed form can be faxed to 705-382-2273 or emailed to treasurer@burksfalls.ca

PROPERTY TAX ROLL ACCOUNT # _____

Property Owner Name(s): _____

Property Address: _____

Effective Date for this Change: _____

I/We authorize the Corporation of the Village of Burk's Falls to debit my/our account per attached VOID cheque, for all estimated taxes applicable to the above noted accessed property. This authorization may be cancelled at any time upon notice by me/us.

Signature: _____ Date: _____

Signature: _____ Date: _____

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

ONLY COMPLETE THE FOLLOWING INFORMATION IF YOU HAVE NOT ATTACHED A VOID CHEQUE:

Bank Account # _____ Branch Transit # (5 digits) _____ Institution # (3 digits) _____

Personal Information on this form is collected under the authority of the Municipal Act, 2001 and is used to maintain a record of individuals participating in the Pre-Authorized Tax Payment Plan.
