



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
TAX PAYER DEFINED PAYMENT PLAN
CHANGE AMOUNT FORM

PROPERTY TAX ROLL ACCOUNT # _____

Property Owner Name(s): _____

Property Address: _____

City: _____ Province: _____ Postal Code: _____

Mailing Address (if different): _____

Home Phone: _____ Business Phone: _____

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 705-382-2273 or emailed to treasurer@burksfalls.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)

OFFICE USE ONLY

Withdrawal amount updated as of _____ by _____
