



CANTON – BONFIELD – TOWNSHIP

365 Highway 531

Bonfield ON P0H 1E0

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PRE-AUTHORIZED TAX PAYMENT PLAN CANCELLATION REQUEST

Property Location: _____

Roll No: 4 8 2 6 – 0 0 0 – 0 0 ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

I/We _____, request the above mentioned tax account be cancelled from the Pre-Authorized Tax Payment Plan effective for:

Day/Month/Year: _____

Reason for Cancellation: _____

Please remember that cancellations must be received by the end of the month prior to the month that you want the cancellation to take effect. All cancellations must be in writing.

Signature(s): _____

Please print name(s): _____

Date Signed: _____