



CANTON – BONFIELD – TOWNSHIP

365 Highway 531

Bonfield ON. P0H 1E0

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TELEPHONE 705-776-2641 – FAX/TÉLÉCOPIEUR 705-776-1154

BANKING INFORMATION CHANGE REQUEST

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

Property Location: _____

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

Change(s) requested : _____

This change is effective: _____

Day/Month /Year

Please remember that banking information changes must be received before the 15th of the month that you want the change(s) to take effect. These changes must be in writing.

Signature(s): _____

Please print name(s): _____

Date Signed: _____