



MUNICIPALITY OF MEAFORD
PRE-AUTHORIZED DEBIT AGREEMENT
PROPERTY TAX PAYMENT PLAN

REMOVAL OF PRE-AUTHORIZED PAYMENT FORM

Property Roll Number: 42-10 _____ - _____ - _____ - 0000

Name: _____

Property Address: _____

Mailing Address: _____
(if different from the property address)

Home Phone #: (_____) _____ - _____

Business Phone #: (_____) _____ - _____

Email : _____

Cell Phone: _____

Payment was being made on the following:

20th of the month

28th of the month

Installment Date

Effective Date of Cancellation: _____

Signature of Account Holder:

Signature of Joint Account Holder

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

Date: _____