

PRE-AUTHORIZED WITHDRAWAL SERVICE (PAWS) CHANGE REQUEST

NAME (on PAWS account) _____

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PROPERTY CIVIC ADDRESS _____

DAYTIME PHONE NUMBER _____

EFFECTIVE DATE _____ *Minimum two weeks notice must be given*

1. ____ Change to bank account (attach a void cheque or direct debit bank form)
2. ____ Change to payment amount:

	Roll/Account #	Previous amount	New amount
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Total payment		=====	=====

Reason for change to payment amount:

- | | |
|---|-----------------------------------|
| ____ turning 65 this year | ____ turning 65 next year |
| ____ first year HOG on new property | ____ reduce / eliminate HOG |
| ____ add tax / utility payment | ____ remove tax / utility payment |
| ____ add tax reset - the City will recalculate the payment amount each year | |
| ____ remove tax reset - tax payments will remain the same until a change is requested | |
| ____ Other _____ | |

Authorized by:

Signature

Signature

Date