



THE CORPORATION OF THE TOWN OF KINGSVILLE CHANGE OF INFORMATION REQUEST FORM

**** THIS FORM MUST BE COMPLETED FOR EACH ACCOUNT THAT REQUIRES A CHANGE ****

WATER ACCOUNT / TAX ROLL: _____ **MUN ADDRESS:** _____

PLEASE INDICATE BELOW THE DETAILS OF THE CHANGE REQUEST

PLEASE CHANGE MY MAILING ADDRESS TO:

Address Line 1 _____

Address Line 1 _____

City/Town, Province/State, Postal/Zip _____

PROPERTY OWNER IS DECEASED - PLEASE CHANGE TO "THE ESTATE OF _____"

**** Note: for this change to be processed this form must be accompanied by a copy of the death certificate ****

PRE-AUTHORIZED PAYMENT PLAN CHANGES

Please note **change of bank / account information** as per attached effective _____ (include date)
(attach voided cheque below)

Please **cancel** my request completely from the automatic withdrawal plan effective _____ (include date)

Please **change my PAP plan** from monthly **to due date** as of _____ (include date)

Please **change my PAP plan** from due date **to monthly** as of _____ (include date)

Changes Requested / Authorized By:

Name (please print)

Signature

Date

**** Note: if Power of Attorney is authorizing changes a copy of the Power of Attorney (Finance) documents or a letter from the estate lawyer authorizing the individual must accompany this form unless documentation is already on file at the Town ****

IF CHANGING BANK INFORMATION PLEASE ATTACH VOIDED CHEQUE HERE

Return completed form(s) to **The Town of Kingsville, 2021 Division Rd N, Kingsville, ON, N9Y 2Y9** or fax to **519-733-8108**

OFFICE USE ONLY:

CHANGE COMPLETED BY:

DATE:

INITIALS:

CUSTOMER ID: