

## PREAUTHORIZED TAX PREPAYMENT PLAN CANCELLATION FORM

DATE SUBMITTED:

DETAILS OF INDIVIDUAL CANCELLING PREAUTHORIZED TAX PLAN	
Date	
Roll #	PPP No.
Owner Name(s)	
Civic Address	
City	Province
Postal Code	Phone No.
Please cancel my participation in the Preauthorized Payment Plan. I understand that if this form is not received by the Town Office seven days prior to the next prepayment, the payment will have been processed.	
Signature	
Signature	

**APPLICATION CAN BE SUBMITTED BY ONE OF THE FOLLOWING METHODS:**

**IN PERSON:** #201-660 Primrose Street, Qualicum Beach, BC - 9:00 am to 4:00 pm, Monday to Friday.

**EMAIL:** [qbtown@qualicumbeach.com](mailto:qbtown@qualicumbeach.com)

*Personal information on this form is collected under the guidelines of the Freedom of Information and Protection of Privacy Act ("FIPPA") and will only be used for the purpose of administering the Preauthorized Tax Prepayment Plan Cancellation Form. Questions about this collection can be directed to the Corporate Administrator, Box 130, Qualicum Beach, BC or at 250-752-6921.*