

PREAUTHORIZED TAX PREPAYMENT PLAN MODIFICATION FORM

DATE SUBMITTED:

DETAILS OF INDIVIDUAL MODIFYING PREAUTHORIZED TAX PLAN

Date	
Roll #	PPP No.
Owner Name(s)	
Civic Address	
City	Province
Postal Code	Phone No.
Signature	
Signature (if applicable)	

REQUEST

<input type="checkbox"/> Change my bank account <input type="checkbox"/> I have attached a new cheque marked void.	<input type="checkbox"/> Change my preauthorized prepayment amount Instead, withdraw the set amount of \$ from my bank account each month.
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DEPARTMENT USE ONLY

Change to take effect on

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

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 Modification Form. Questions about this collection can be directed to the Corporate Administrator, Box 130, Qualicum Beach, BC or at 250-752-6921.