



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: _____ - 0 0 0 - _____
MUNICIPAL ADDRESS: _____	

PLEASE INDICATE BELOW THE DETAILS OF THE CHANGE REQUEST

PLEASE CHANGE MY MAILING ADDRESS TO:

Address Line 1 _____

Address Line 2 _____

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 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)

*** **NOTE** *** THIS FORM CAN NOT BE USED TO CANCEL A PRE-AUTHORIZED PAYMENT PLAN (PAP) COMPLETELY.
TO CANCEL YOUR PAP PLEASE COMPLETE THE "PAP CANCELLATION NOTICE".

OTHER CHANGE (please specify) _____

Changes Requested / Authorized By:

Name (please print) _____

Signature _____

Date _____

Telephone Number _____

Email Address _____

** 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 **

BANK ACCOUNT INFORMATION OR ATTACH "VOID" CHEQUE HERE

ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION NUMBER: _____

BANK TRANSIT NUMBER: _____

FINANCIAL INSTITUTION

NAME: _____

ADDRESS: _____

**PLEASE PRINT CLEARLY. THE TOWN OF KINGSVILLE DOES NOT ASSUME RESPONSIBILITY FOR ERRORS OR FEES
ASSOCIATED WITH INCORRECT BANKING INFORMATION.**

Please return completed form to **2021 Division Rd N, Kingsville, ON, N9Y 2Y9** or **finance@kingsville.ca**

OFFICE USE ONLY:

CHANGE COMPLETED BY:

DATE:

INITIALS:

CUSTOMER ID: