



PRE-AUTHORIZED PAYMENT PLAN FOR PROPERTY TAXES

CANCELLATION REQUEST

Name (s): _____

Phone No. Res: _____ Business: _____

Property Address: _____

Assessment Roll No. _____ Assessment Roll No. _____

All changes must be requested in writing at least 30 days prior to withdrawal date

CANCELLATION DATE: _____

I/WE HEREBY WITHDRAW FROM THE PRE-AUTHORIZED TAX PAYMENT PLAN WITH RESPECT TO THE ABOVE NOTED PROPERTY(S).

**Authorized Signature (1)

Date

**Authorized Signature (2)

Date

** If more than one signature is required for withdrawals, all authorized signatures must be provided.