

**NOTICE OF OPTION CHANGE**

Name (s): \_\_\_\_\_

Phone No. Res: \_\_\_\_\_ Business: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Assessment Roll No. \_\_\_\_\_

Effective Date For Change: \_\_\_\_\_

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

Please change my pre-authorized chequing plan as follows:

- Change my PAC Option from "Eleven Monthly Payments" to "Quarterly Plan"
- Change my PAC Option from "Quarterly Plan" to "Eleven Monthly Payments"
- Change my bank account information to:

Financial Institution: \_\_\_\_\_

Chequing Account #: \_\_\_\_\_

**NOTE: A "VOID" CHEQUE MUST BE ATTACHED**

\_\_\_\_\_  
\*\*Authorized Signature (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\*Authorized Signature (2)

\_\_\_\_\_  
Date

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