



**MONTHLY TAX PAYMENT PLAN**  
**CANCELLATION REQUEST FORM**

Requests to cancel preauthorized payments must be received a minimum of ten (10) business days before the next scheduled payment.

I/We \_\_\_\_\_, cancel my/our authorization to issue pre-authorized debits in the amount of \_\_\_\_\_ against our account number \_\_\_\_\_ effective on \_\_\_\_\_. I/We acknowledge that this cancellation does not terminate any other obligation I/we may have with the Payee.

<b>Tax Roll Number:</b>	<b>Last Payment Date:</b>
<b>Name:</b>	
<b>Property Address:</b>	<b>Phone No.:</b>
<b>Financial Institution:</b>	
<b>Additional Information:</b>	
<b>Signature(s):</b>	<b>Date:</b>

(Revised June 2, 2017)