



**THE CORPORATION OF THE TOWN OF INGERSOLL  
TREASURY DEPARTMENT**

130 OXFORD STREET, 2nd Floor, INGERSOLL, ONTARIO N5C2V5  
Telephone: 519/485-0120 Fax: 519/485-3543

**PRE-AUTHORIZED PAYMENT PLAN**

**NOTICE OF CHANGE**

**NAME(S):** \_\_\_\_\_  
\_\_\_\_\_

**PHONE: Residence:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**MUNICIPAL ADDRESS:** \_\_\_\_\_

**ASSESSMENT ROLL #:** \_\_\_\_\_

**EFFECTIVE DATE FOR CHANGE:** \_\_\_\_\_

Please change my pre-authorized payment plan as follows:

- Change my PAP option from "MONTHLY" to "BY INSTALLMENT"
- Change my PAP option from "BY INSTALLMENT" to "MONTHLY"  
(Effective January 1 of the following year only)
- Change my bank account information to:

Financial Institution \_\_\_\_\_  
Account #: \_\_\_\_\_  
Branch #: \_\_\_\_\_  
Transit #: \_\_\_\_\_

**NOTE: A "VOID" cheque must be attached.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

T/CE/PAP FOLDER