

CITY OF PITT MEADOWS

12007 Harris Rd Pitt Meadows, B.C. V3Y 2B5 Tel #: 604-465-5454 Fax #: 604-465-2404

PRE AUTHORIZED PAYMENT

NOTICE OF BANK ACCOUNT CHANGE

PLEASE ENTER THE CORRECT CHANGE OF BANK ACCOUNT AND RETURN TO THE <u>TAX DEPARTMENT:</u>

NAME:		
CIVIC ADDRESS:		
PHONE NUMBER:		
FOLIO/ROLL#:		
I,		do hereby request my
account to be changed effective the 1st of		(month)
(yea	r).	
Please n	ote: A "VOID" cheque must be attach	ed with this form
NEW BANKING INFORMATION:		
Name of Bank:	Bank #:	
Transit #:	Account #:	
Date	 Signat	ture of Property Owner