

CHANGE OF BANKING INFORMATION

I hereby request to change the banking information for the monthly payment program.

TAX ACCOUNT NUMBER: _____

PROPERTY ADDRESS: _____
and/or

LEGAL DESCRIPTION: _____

NAME OF OWNER/PAYOR: _____

Please note that if you are not the current owner of the property you must submit your request with a Letter of Authorization from the owner.

DAYTIME PHONE: _____

EFFECTIVE DATE OF CHANGE: _____

Changes to banking information must be received at least one week prior to the next installment date.

New Banking Information:

Name of Bank: _____

Bank Number: _____

Transit Number: _____

Account Number: _____

Information at bottom of cheque: //123//.1:12301.-001: 1234567//.
Transit# Bank# Account#

or attach a VOID cheque

Signature of Payor or Authorized Representative

Date

Personal information on this form is collected in accordance with the Municipal Government Act, Section 329(b), and is protected by the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection and use of this information, please contact 3-1-1; or (780) 442-5311 if outside of Edmonton

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE ADDRESS INDICATED ABOVE