



Change of Banking Information

Pre-Authorized Payments (PAP)

Please note: Any banking information changes must be received at least two weeks prior to the effective date of change. All changes must be received in writing.

Effective Date: _____ **1st Payment**

Roll Number: _____

Assessed Owner: _____

Property Address:

Phone: _____

Signature: _____ **Date:** _____

By signing this form, I/We continue to acknowledge the terms and conditions for the Monthly or Instalment Pre-Authorized Tax Payment Plan as indicated on the original application form.

Attach VOID cheque

Mail, fax or email completed forms using the contact information below:

Municipality of Clarington
Municipal Administrative Office
Attn: Tax Department
40 Temperance St.
Bowmanville ON L1C 3A6

Fax: 905-623-4169

Email: tax@clarington.net