



TAX INSTALMENT PAYMENT PLAN (TIPP) CHANGE FORM

Tax Account Number _____

Address _____

Name of Requestor _____ Phone _____

E-mail (Optional) _____

Date that change will be effective * _____

*Please note information is required **at least fourteen days prior** to an installment date to be effective for that installment.

- Change monthly withdrawal amount to \$ _____
- Cancel prepayments: _____
- Additional property to be added:
Folio # _____ Monthly amount \$ _____
- Change of banking information (**must** attach VOID cheque or Pre-Authorized Payment printout)

Financial Institution: _____ Transit Number: _____
Account Number: _____

Authorized Signature: _____ Date _____

Office Use Only					
Received by	COUNTER	PHONE	MAIL	EMAIL	FAX
Date Received	_____			Initials	_____
Date Change Entered	_____			Initials	_____
ATTACH COPY OF LETTER OR EMAIL TO CHANGE FORM					