

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 next scheduled payment**

- ☐ Change monthly withdrawal amount to \$ _____
- ☐ Change plan from FIXED of \$ _____ to CACLULATED plan
- ☐ Change plan from CALCULATED to FIXED plan of \$ _____
- ☐ 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