



CITY OF  
**Welland**

**Remove / Change  
Pre-Authorized Payment Program**

Form must be received before the 15th day of the month for processing

**CANCELLATION**

**UPDATE BANK ACCOUNT INFORMATION** *\*\*\*Please attach a void cheque\*\*\**

**TAX OPTION #1**  
Installment Plan

**TAX OPTION #2**  
11 Times per year

**WATER**

<b>Tax Roll Number:</b>	
<b>Water Account Number:</b>	
<b>Property Location:</b>	
<b>Owner Name:</b>	
<b>Phone Number:</b>	
<b>Explanation:</b>	
<b>Effective Date:</b>	

<b>Signature:</b>	
<b>Date:</b>	

**Please submit completed form:**

- **Email:** [finance@welland.ca](mailto:finance@welland.ca)
- **In person:** City of Welland, Finance Division, Main Floor, 60 East Main Street, Welland, ON
- **Fax:** 905-732-1919
- **Mail:** City of Welland, Finance Division, 60 East Main Street, Welland, ON L3B 3X4

<b><i>For office use only</i></b>
Date Processed: _____
Initials: _____