



**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

Tax Roll Number:	
Water Account Number:	
Property Location:	
Owner Name:	
Phone Number:	
Explanation:	
Effective Date:	

Signature:	
Date:	

Please submit completed form:

- **Email:** 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

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