

**TOWN OF WHITBY**

**BANKING INFORMATION CHANGE REQUEST**

Please change the banking information for my monthly Pre-Authorized Tax Payment as per the attached **VOID** cheque.

This change is effective: \_\_\_\_\_.  
(Day/Month/Year)

**ATTACH REPLACEMENT CHEQUE HERE**

**Please remember that banking information changes must be received by the end of the month prior to the month that you want the change(s) to take effect. These changes must be in writing.**

**Date Requested:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Roll No.**

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