



THE CORPORATION OF THE TOWN OF KINGSVILLE
CHANGE OF INFORMATION REQUEST FORM

\*\* THIS FORM MUST BE COMPLETED FOR EACH ACCOUNT THAT REQUIRES A CHANGE \*\*

WATER ACCOUNT: \_\_\_\_\_ TAX ROLL: \_\_\_\_\_ - 0 0 0 - \_\_\_\_\_
MUNICIPAL ADDRESS: \_\_\_\_\_

PLEASE INDICATE BELOW THE DETAILS OF THE CHANGE REQUEST

PLEASE CHANGE MY MAILING ADDRESS TO:
Address Line 1 \_\_\_\_\_
Address Line 2 \_\_\_\_\_
City/Town, Province/State, Postal/Zip \_\_\_\_\_

PROPERTY OWNER IS DECEASED - PLEASE CHANGE TO "THE ESTATE OF \_\_\_\_\_"

Note: for this change to be processed this form must be accompanied by a copy of the death certificate \*\*

PRE-AUTHORIZED PAYMENT PLAN CHANGES

Please note change of bank / account information as per attached effective \_\_\_\_\_ (include date)
(attach voided cheque below)

Please change my PAP plan from monthly to due date as of \_\_\_\_\_ (include date)

Please change my PAP plan from due date to monthly as of \_\_\_\_\_ (include date)

\*\*\* NOTE \*\*\* THIS FORM CAN NOT BE USED TO CANCEL A PRE-AUTHORIZED PAYMENT PLAN (PAP) COMPLETELY.
TO CANCEL YOUR PAP PLEASE COMPLETE THE "PAP CANCELLATION NOTICE".

OTHER CHANGE (please specify) \_\_\_\_\_

Changes Requested / Authorized By:
Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_
\*\* Note: If Power of Attorney is authorizing changes a copy of the Power of Attorney (Finance) documents or a letter from the estate lawyer
authorizing the individual must accompany this form unless documentation is already on file at the Town \*\*

BANK ACCOUNT INFORMATION OR ATTACH "VOID" CHEQUE HERE

ACCOUNT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION NUMBER: \_\_\_\_\_ BANK TRANSIT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE PRINT CLEARLY. THE TOWN OF KINGSVILLE DOES NOT ASSUME RESPONSIBILITY FOR ERRORS OR FEES
ASSOCIATED WITH INCORRECT BANKING INFORMATION.

Please return completed form to 2021 Division Rd N, Kingsville, ON, N9Y 2Y9 or kingsvilleworks@kingsville.ca

OFFICE USE ONLY:
CHANGE COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ CUSTOMER ID: \_\_\_\_\_