



# PRE-AUTHORIZED PAYMENT CANCELLATION

**Corporation of the City of Belleville**

169 Front Street  
BELLEVILLE, ON K8N 4M1  
Phone: 613-967-3243  
Fax: 613-967-3206  
[www.belleville.ca](http://www.belleville.ca)

Email: [tax.info@city.belleville.on.ca](mailto:tax.info@city.belleville.on.ca)

**TAXATION ROLL NUMBER:**

**DATE (MM/DD/YYYY)**

**NAME :** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CURRENT BANK :** \_\_\_\_\_

**PLAN TYPE**  Monthly  Installment

**EFFECTIVE DATE of CANCELLATION (MM/DD/YYYY) :**

**NOTE:** Form must be submitted fifteen days before next payment

**ADDITIONAL COMMENTS:**

**APPLICANTS SIGNATURE** \_\_\_\_\_

**CO-APPLICANTS SIGNATURE** \_\_\_\_\_

**NOTE:** If your application is setup on a Joint Bank Account, the co-applicant must also sign for this request to be processed.

**Please PRINT this THIS FORM**  
**Ensure that you affix you Signature(s)**  
**SUBMIT COMPLETED FORM :**  
**Mail or Drop off your completed form to**  
**City of Belleville Taxation Department**  
**169 Front Street**  
**BELLEVILLE, ON K8N 2Y8**

or

**Fax this Form to the attention of the TAXATION DEPARTMENT**

Personal Information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c25 will be used to process your **Pre-Authorized Payment Plan Cancellation** request. Questions about the collection of this personal information only should be directed to the Manager of Revenue & Taxation, Taxation Department, 169 Front Street, Belleville, ON K8N 2Y8 613-967-3243