NOTICE OF CHANGE/TERMINATION

TAX INSTALLMENT PAYMENT PLAN

Date
Tax Roll Number(s):

1. Effective Date, I/we wish to terminate participation in the Tax Installment Payment Plan.
2. Effective Date, I/we wish to change bank accounts as indicated on the attached void cheque or in the letter from my financial institution confirming my bank information.

Signature	Signature
Printed Name	Printed Name

The personal information collected through this form is for the registration and administration of services and programs to the subscriber(s) named in this agreement . This collection is authorized by section 4 of the Protection of Privacy Act subsection (c) that information related directly to and is necessary for an operating program or activity of Lacombe County, including a common or integrated program or service. For questions about the collection of personal information, contact Lacombe County's Privacy Coordinator at: 403-782-6601.

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