

City of Port Colborne Pre-Authorized Banking Information Change Tax or Water

City of Port Colborne Finance Division 66 Charlotte Street Port Colborne, ON L3K 3C8 905-835-2900

This is to notify the City of Port Colborne that I/we wish to change my/our account information for pre-authorized payments for: (please indicate with X)

TAX	WATER		
Name:			
Mailing Address	:		
Property/Service	e Address:		
Financial Institu	tion:		
Signature:		Date:	
Signature:		Date:	
(By placing a signat	ture on this agreement the taxpayer a	acknowledges that he or she has read, underst	ood and agreed to all
the terms of this au	thorization. For a joint account, all d	epositors must sign if more than one signature	e is required on

cheques.)

PLEASE ATTACH A VOID CHEQUE OR FINANCIAL BANKING INFORMATION SHEET

The City of Port Colborne is committed to protecting the privacy of water/wastewater and property tax customers and developing technology that provides a safe online experience. To see the City of Port Colborne Privacy Policy, please visit www.portcolborne.ca

Please save this document and email the completed form to customerservice@portcolborne.ca