



**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: _____

Contact Number: _____

Mailing Address: _____

Property/Service Address: _____

Tax Roll#/Water Acct# _____

Financial Institution: _____

Branch Address: _____

Branch #: _____ Branch ID #: _____ Account #: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(By placing a signature on this agreement the taxpayer acknowledges that he or she has read, understood and agreed to all the terms of this authorization. For a joint account, all depositors must sign if more than one signature is required on cheques.)

*****PLEASE ATTACH A VOID CHEQUE OR FINANCIAL BANKING INFORMATION SHEET***
(TO THE BACK OF THIS PAGE)**