



CITY OF MELFORT
TAX INSTALLMENT PAYMENT PLAN
BANK ACCOUNT CHANGE FORM

NAME(S): _____

ROLL #: _____

CIVIC ADDRESS: _____

NEW BANK INFORMATION:

Name of Financial Institution

Branch Address

City & Province

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Institution No (3 digits)

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Transit No (5 digits)

Attach a cheque marked "VOID"

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Account Number

EFFECTIVE DATE: _____

THIS FORM STATES THAT I/WE WISH TO CHANGE THE BANK ACCOUNT
MY/OUR MONTHLY TAX PAYMENT IS WITHDRAWN FROM.

Signature – Owner 1

Signature – Owner 2

Date