



Municipality of Strathroy-Caradoc  
Taxation Department  
52 Frank St Strathroy ON N7G 2R4  
Phone: 519-245-1105 ext 222  
Fax: 519-245-2177

**PRE-AUTHORIZED PLAN – BANK INFORMATION CHANGE FORM**

**PLEASE PRINT**

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

ADDRESS: \_\_\_\_\_ ROLL # 3916 \_\_\_\_\_

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FINANCIAL INSTITUTION: \_\_\_\_\_ BRANCH #: \_\_\_\_\_

BANK ACCOUNT NO: \_\_\_\_\_ CHEQUING \_\_\_\_ **OR** SAVINGS \_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

PLEASE PROVIDE VOID CHEQUE OR BANK DIRECT DEBIT FORM

You may leave this completed form at our Taxation Counter or return it at your convenience to the address noted above.

MONTHLY RATE: \_\_\_\_\_  
(Office use only)