



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

REMOVAL OF PRE-AUTHORIZED PAYMENT PLAN

I/We are notifying the Municipality of Strathroy-Caradoc in writing that, I/We wish to be discharged from the Pre-Authorized Payment Plan, with the effective date specified below. The Municipality of Strathroy-Caradoc must be notified by the 1st of the month in which the change is to take effect.

IT IS YOUR RESPONSIBILITY TO NOTIFY THE MUNICIPALITY OF STRATHROY-CARADOC OF ANY CHANGES.

OWNER(S) NAME: _____ PHONE NO.: _____

ADDRESS _____ ROLL 3916 _____

SIGNATURE: _____ DATE: _____

EFFECTIVE DATE FOR REMOVAL: _____

**REMOVAL OF PRE-AUTHORIZED IS THE RESPONSIBILITY OF THE PROPERTY OWNER
NOT THE LAWYER**

REMOVAL DATE: _____

MONTHLY RATE: _____
(Office use only)