

Folio. No.

I/We hereby request the City of Kamloops change the amount of my/our pre-authorized monthly withdrawal from my/our account from the amount shown on the upper left of my/our property tax notice to the amount written in the box below.

My current year's taxes are paid in full

Change my bank account

Change my monthly withdrawal amount

Property Location (Civic Address)	Daytime Phone Number	Date (YY/MM/DD)		Signature(s)	
Name (Please Print)		S	See Property Tax Notice for Maximum Amount		
		New Monthly Amo	New Monthly Amount \$		
			CITY USE ONLY		
Mailing Address (if diffe	Date Received	Start	Notes:		
City Pr	ovince Postal Code		Month/Year		

All changes must be received 5 business days before the withdrawal is scheduled to happen. If you are changing your bank account, please attach a SAMPLE cheque marked "VOID".