



Pre- Authorized Tax Payment Plan Cancellation Form

Town of Innisfil
2101 Innisfil Beach Road
Innisfil, Ontario L9S 1A1
(705) 436-3710
(705) 436-7120 Fax

Date: _____

Property Roll Number: 4316-_____

Property Owner's Name: _____

Property Address: _____

Telephone Number: _____

Plan: Monthly Last PAP Withdrawal: _____
Due Date

Cancellation Request Received By/From:

Telephone: Office Visit: Fax: Email: Tax Dept:

Other (Explain):

Property Owner(s) (Please Print)

Property Owner(s) (Signature)

Please be advised that the Town of Innisfil requires, in writing, a minimum of (15) days prior to the next due date of the pre-authorized payment of any changes in the account information or termination of this authorization.