



**MUNICIPALITY OF THAMES CENTRE**

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**PRE-AUTHORIZED CHEQUING PLAN – WATER ACCOUNT**

**NOTICE OF OPTION CHANGE**

NAME (S): \_\_\_\_\_

PHONE NO. RES: \_\_\_\_\_ BUS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ACCOUNT# \_\_\_\_\_

EFFECTIVE DATE FOR CHANGE: \_\_\_\_\_

**All changes must be requested in writing at least 28 days prior to withdrawal date**

G Change my bank account information to:

Financial Institution: \_\_\_\_\_

Chequing Account #: \_\_\_\_\_

**NOTE: A “VOID” CHEQUE MUST BE ATTACHED.**

\_\_\_\_\_  
\*\*AUTHORIZED SIGNATURE (1)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\*\*AUTHORIZED SIGNATURE (2)

\_\_\_\_\_  
DATE

\*\* If more than one signature is required for withdrawals, all authorized signatures must be given.

<b>FOR OFFICE USE ONLY:</b> DATE PROCESSED: _____ INITIAL: _____
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