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PROPERTY TAX

Pre-Authorized Payment Plan Change Form

Folio #: _____

Address: _____

Requested By: _____

Daytime Phone Number: _____

Date That Change Will Be Effective: * _____

***Please note information should be given at least seven days prior to an installment date to be effective for that installment.**

Change of banking information (attach void cheque)

Change of monthly withdrawal amount to \$ _____

Additional property to be added

Folio # _____ Monthly Amount \$ _____

Authorized signature: _____

Cancel prepayments: _____

AUTHORIZED SIGNATURE

Prepayment credit balances will not be refunded. If the property is sold the credit should be included in the statement of adjustments at time of sale.

Office Use Only

Received by: COUNTER PHONE MAIL EMAIL FAX

Date Received _____ Initials _____

Change entered by _____ Date _____

ATTACH COPY OF LETTER OR EMAIL TO CHANGE FORM

FOLIO# _____ CHANGE AMOUNT _____