

TO: TOWN OF SUNDRE

NOTIFICATION TO CHANGE BANK ACCOUNT INFORMATION

Please change the bank account information for my pre-authorized debit payments

for my/our Tax Roll Account # _____

and/or

for my/our Utility Account # _____

See attached VOID cheque for new banking information effective _____,
20____.

Bank Account Holder Name *(Please Print)*

Signature

Phone #

The information on this form is collected under the provisions of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is used solely for purposes of administering the Town of Sundre Pre-authorized Debit accounts. If you have any questions about the use of your personal information provided on this form please contact the Town of Sundre FOIP Co-ordinator at (403) 638-3551.