



**DISTRICT OF NORTH SAANICH – TAX DEPARTMENT
PRE-AUTHORIZED PAYMENT MODIFICATION FORM**

ROLL #: _____

REGISTERED OWNER/S: _____

PROPERTY ADDRESS: _____

CANCEL

MODIFY

PREVIOUS PRE-AUTHORIZED PAYMENT AMOUNT: _____

NEW PRE-AUTHORIZED PAYMENT AMOUNT: _____

CHANGING BANKING INFO (Please attach a VOID cheque)

EFFECTIVE DATE: _____

DATE: _____

SIGNATURE(S): _____

ROLL #: _____