

**REQUEST TO DISCONTINUE PAP
(PRE-AUTHORIZED PAYMENT PLAN)**

Please return the completed form to:

The Township of Drummond/North Elmsley
310 Port Elmsley Road
Perth, ON K7H 3C7

Fax: 613-267-2083 or by email: taxation@dnetownship.ca or jgeorge@dnetownship.ca

** please note the request must be signed by an owner of the property

Roll # _ _ . _ _ . _ _ _ _ .0000 Property Address: _ _

Roll # _ _ . _ _ . _ _ _ _ .0000 Property Address: _ _

Roll # _ _ . _ _ . _ _ _ _ .0000 Property Address: _____

Name: _____

Mailing Address: _____

Phone: _____

Effective date*: _____

Signature: _____

*Please note, while every effort will be made to accommodate your request before the next payment is processed, the monthly payments are forwarded to the bank five business days before the date the payment is to be processed.