

## **CHANGE OF BANKING INFORMATION**

TAX INSTALMENT PAYMENT PLAN (T.I.P.P.)

CUSTOMER INFORMATION			
Name:			
Municipal address:			
Mailing address: (if different from above)	Town	Province Po	ostal Code
	Town	Province Po	ostal Code
Roll number:	Type of account	: □ Personal □ Business	
Phone:	Alternate phone	:	
Email address:			
Effective date:			
BANK ACCOUNT INFORMATION  Use the sample cheque to the right to help you fill in the three fields below, or attach a VOID cheque.  1. Branch/Transit number:  2. Financial institution number:	COUNTY BA 123 MONEY RD ROCKY VIEW COU	SAMPLE CHEQUINK INTY, AB T2E 6X6  345115551: 1234111123456711°	004  Strategy Fasteres Delate on Revenue  MP
3. Bank account number:		i 2 3	
Name of account holder (please print)		Name of joint account holder (please	print)
Signature of the account holder	Signature of joint account holder		
Date signed		Date signed	

Please deliver or mail your completed form to County Hall, fax it to 403-276-5372, or email it to tax@rockyview.ca.