

CHANGE OF BANKING INFORMATION

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

CUSTOMER INFORMATION				
Name:				
Municipal address:				
	Town	Province	Postal Code	
Mailing address: (if different from above)				
	Town	Province	Postal Code	
Roll number:	Type of account: Personal Business			
Phone:	Alternate phone:			
Email address:				
Effective date:				
BANK ACCOUNT INFORMATION	NANE XOORESS		004	
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:

3. Bank account number:

NWE		_		004
AODRESS CITY, PROVINCE, POSTAL	0006	_	DATE	
PAY TO THE	SAMP	F CHF		
				Security Features Included Details on Reverse
123 M	JNTY BANK DNEY RD LY VIEW COUNTY, AB T2E 6X6			
MEMO				MP
■•004■•	12345 555 1234	1234567•		
	12	3		

Name of account holder (please print)

Signature of the account holder

Date signed

Name of joint account holder (please print)

Signature of joint account holder

Date signed

Please note that we require the notice of change by the 15th of the month prior to the next T.I.P.P. withdrawal.

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