FINANCE DEPARTMENT 750 17th Street West Vancouver BC V7V 3T3 t: 604-925-7032 f: 604-925-7034 e: taxinfo@westvancouver.ca



AUTOMATIC WITHDRAWAL CHANGE FORM

To make an adjustment to the automatic withdrawals, please complete the form below and return it signed to the Finance Department using the contact information above.

Agreement Holder:	
Property Address:	West Vancouver BC
Phone:	Email:
(Tax) Folio Number:	Utility Account Number:
☐ CHANGE BANK ACCO	OUNT INFORMATION:
•	er of the account(s) above, I hereby authorize the District of West by bank account information to the following account:
Attach a VOID cheq	ue with the new bank account information.
☐ CHANGE MONTHLY T	AX PAYMENT AMOUNT:
mentioned above I here	
Olgitataro or Agroomont Holaol	Date:
	5%;0

Freedom of Information and Protection of Privacy Act Notice: Information collected on this form, or provided with this form, is collected and protected in accordance with the Freedom of Information and Privacy Act, and will be used for the purposes of Financial Services program administration. Questions regarding the collection/use of this information should be directed to the Information and Privacy Officer at 604-925-7019.

DOC#509793

