



PRE-AUTHORIZED PAYMENT PLAN

CHANGE FORM

FOLIO # _____

ADDRESS: _____

REQUESTED BY _____

PHONE NUMBER _____

DATE THAT CHANGE WILL BE EFFECTIVE * _____

***Please note information should be given at least seven days prior to an installment date to be effective for that installment.**

_____ **CHANGE OF BANKING INFORMATION (ATTACH VOID CHEQUE)**

_____ **CHANGE OF MONTHLY WITHDRAWAL AMOUNT TO \$ _____**

_____ **CANCEL PREPAYMENTS**

AUTHORIZED SIGNATURE: _____

Office Use Only

Received by _____

Counter

Mail

Email

Fax

Date Received _____ Initials _____

Change Entered by _____ Date _____