

OFFICE USE ONLY

ACCOUNT # _____

CANCELLATION DATE _____

DATE PROCESSED _____

**Township of Seguin
Cancellation of Pre-Authorized Property Tax Payment Plan Form**

I (We), the undersigned request the Township of Seguin stop the monthly payments drawn from my Financial Institution for the payment of property taxes.

Name _____

Mailing Address _____

Civic Address _____

Home Phone Number _____

Email _____

Roll Number 49-03 _____

Effective Date _____

Signature _____ Date _____

****The Township of Seguin, Treasury Department requires 14 days written notice to cancel or change the plan, including any changes to your banking information.***