



PRE-AUTHORIZED PAYMENT PLAN (PAP): CANCELLATION/CHANGE

Please indicate which PAP Plan you are enrolled in (select all that apply):

Tax Tax Roll Number(s): _____

Water Water Account Number(s): _____

List all Tax/Water Account #'s if you own more than one property.

***PLEASE PRINT**

Name (s): _____

Property Address: _____

Effective date of change/cancellation: _____

Authorizing Signature: _____ Date: _____

I hereby request a change or cancellation to the Pre-Authorized Payment Plan for the following reason (s):

- Bank information has changed
- Property selling
- Return to making payments independently

Received in Treasury on: _____