

Client Information	
First Name	Initial: Last Name
Phone	Email
New Mailing Address	Assesment Account Number:

Changes to PPP			
AAN	Increase or Decrease	Effective Date (dd/mm/yy)	New Amount (\$)

Stopping PPP			
AAN	Reason(s) for stopping	Effective Date (dd/mm/yy)	Credit Left (\$)
Law Firm Handling the Closing:		Contact and Phone Number:	

CURRENT BANKING INFORMATION (Please provide Assessment Account Number at top of page)		
Account Number (7-8 digits)	Branch Number (5 digits)	Bank Number (3 digits)
Name of Bank	Address of Bank	

NEW BANKING INFORMATION (PLEASE ATTACH A VOID CHEQUE)		
Account Number (7-8 digits)	Branch Number (5 digits)	Bank Number (3 digits)
Name of Bank	Address of Bank	

I/We authorize the Municipality of the County of Kings to process the change(s) as requested.

_____ Date _____

Customer Signature

FOR OFFICE USE ONLY			
Date Received	Received By	Entered by	Entered Date