



4943 – 53 STREET  
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### Cancellation of Tax Preauthorized Withdrawal

Date: \_\_\_\_\_

Tax Roll #: \_\_\_\_\_ Municipal Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

In the event you need to **CANCEL** your Monthly Preauthorized Payment Plan, please complete the following:

Please cancel MTPP effective \_\_\_\_\_, 2015 as we have now sold the property  
effective \_\_\_\_\_, 2015.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Signature