

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 _____, 20__ as we have now sold the property
effective _____, 20__.

Owner Signature

Owner Signature