



Property Tax Bill

DIRECT DEBIT CANCELLATION FORM

I understand I must give Thomas Township ten (10) business days prior notice to the due date in order to cancel the scheduled **tax bill payment**.

Please cancel the automatic payment agreement and discontinue the automatic payment effective _____ from my financial institution, _____.
(date) (bank or financial institution)

Routing Number: _____ **Account Number:** _____

Account Type (circle one): CHECKING SAVINGS

Property Address: _____

Parcel ID: _____

Print name: _____ **Phone Number:** _____

Signature: _____ **Date:** _____

PLEASE RETURN THE CANCELLATION FORM WITH A COPY OF A PHOTO I.D.