

Clear Form

Print Form

Roll Number

Address

Phone

Email

I, _____, request to change the banking account
for my monthly tax installment payments effective _____

Please attach a new direct debit form or void cheque.

Date

Signature

This form must be returned to the Tax Department by the 20th of the month.

FOIP Act Policy

The personal information contained on this form is collected under the authority of the Municipal Government Act, Section 340(1) and the Freedom of Information and Protection of Privacy Act, Section 33(c), and will be used for the purpose of property tax collection. If you have any questions, please contact the City of Grande Prairie Tax Department at **780-538-0315**; fax **780-814-7349** or email at taxinfo@cityofgp.com.