

5012 - 48 Avenue, Sylvan Lake, AB T4S 1G6 P:403 887 2141 F:403 887 3660 Email: tax@sylvanlake.ca BANK ACCOUNT UPDATE TAXES

Date:	Tax Roll:	Cu	stomer ID	
Name:				
Municipal				
Address:				
B				
Please change my tax monthly paymen	t plan bank information eπectiv	e:		
Bank:	Branch:	Accou	nt:	
Community				
Comments				
Home Owner (Print and Sign)				
Account Name:				
Account Name.				
(Please attach a copy of the check) Er	itered By:	Date:	TaxRoll:	
The personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information Act for the purpose of updating Bank Account Information and is protected by the FOIP Act. If you have any questions or concerns about the collection and use				
of this information, please contact the Tax Department of the Town of Sylvan Lake at (403) 887-2141.				