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TAX INSTALMENT PAYMENT PROGRAM (T.I.P.P.) CANCELLATION FORM

RE:	CANCELLATION OF TAX INSTALMENT PAYMENT PROGRAM (T.I.P.P.) - DEFT A or B					
	Tax Roll#					
Please be advised that effective			, I/we wish to discontinue our			
month	lly Pre-Authorized Tax Payment ins	stallments for payment of	taxes on the ab	ove-mention	ed accoun	
Pleas	e accept this as my official request	to cancel from the progra	am			
			Month	Day	Year	
Additi	onal Comments:					
Date:		Signature:				
		Print Name:				