

**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
monthly Pre-Authorized Tax Payment installments for payment of taxes on the above-mentioned account.

Please accept this as my official request to cancel from the program _____
Month Day Year

Additional Comments:

Date: _____

Signature: _____

Print Name: _____