

TAX INSTALLMENT PROGRAM CANCELLATION LETTER

Date _____

Cass County Collector's Office,

I am writing to inform you of a change with regard to my automatic payment withdrawal regarding;

Personal Property account # _____, for 20____.

Real Estate account # _____, for 20____.

Currently my tax payment is automatically withdrawn from my bank account# _____ held at _____. The automatic payment withdrawals are made on the 5th _____ or 20th _____ of each month.

I hereby notify you of the cancellation of the authorization for the above referenced automatic payment withdrawals.

Thank you for your prompt attention to this request.

(Name) _____

(Street Address) _____

(City/State/Zip) _____

(Telephone #) _____

(Signature) _____