

CHANGE FORM FOR CHEYENNE COUNTY
TAX PREPAY PROGRAM

I / We, _____, hereby authorize the following change to the
Cheyenne County Tax Prepay Program.

_____ Skip Payment for the month of _____
_____ Change Payment amount to \$ _____
_____ Change Payment method from _____ to _____
if changing to ACH: Bank Name: _____
Bank Routing #: _____
Ckg _____ Svg _____ Account #: _____
_____ Other: _____

Comments: _____

Date: _____ Payer's Signature: _____
Date: _____ Payee's Signature: _____

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