



Tax Account Number \_\_\_\_\_

## Pre-authorized Tax Payment Plan Cancellation Request Form

**Please cancel the Pre-authorized Tax Payment Plan for:**

Name \_\_\_\_\_

Property Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Effective Date \_\_\_\_\_

(day / month / year)

**Cancellation requests must be received by the 15th of the month prior to the next withdrawal in order to cancel the next payment.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Completed form can be faxed to 905-815-5964 or emailed to [pap@oakville.ca](mailto:pap@oakville.ca)