



Tax Account Number _____

Pre-authorized Tax Payment Plan Banking Information Change Request Form

Please change the banking information for my Pre-authorized Tax Payment Plan as per the attached VOID cheque.

Banking information changes must be received in our office by the 15th of the month prior to the next withdrawal in order to process the next payment. Completed form can be faxed to 905-815-5964 or emailed to pap@oakville.ca.

Name _____

Property Address _____

This change is effective _____
(day / month / year)

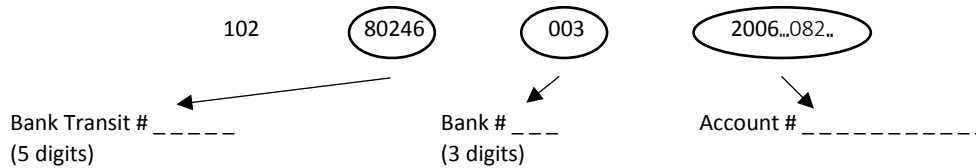
I hereby authorize The Corporation of the Town of Oakville to debit my account, per attached new VOID cheque.

Signature _____ Date _____

Attach new **VOID** cheque here

Only complete the following information if you have **NOT** attached a VOID cheque.

Bank details sample bank account (from bottom of cheque.)



Bank name _____ Branch address _____

Personal information on this form is collected under the authority of the Municipal Act, 2001 and is used to maintain a record of individuals participating in the Pre-authorized Tax Payment Plan in the Town of Oakville.