



**PRE-AUTHORIZED TAX PAYMENT PLAN  
CHANGE FORM**

Revenue and Taxation Services  
50 Centre Street South, Oshawa ON L1H 3Z7  
Phone: (905) 436-3311 Fax: (905) 436-5618  
Email: service@oshawa.ca Website: [www.oshawa.ca](http://www.oshawa.ca)

Property Address: \_\_\_\_\_  
Roll Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ make the following request:  
(print name)

Cancel automatic debits: \_\_\_\_\_  
(effective date)

*Reason for cancellation*

property sold  
 other \_\_\_\_\_

Change payment option to:  
• Monthly  1<sup>st</sup> or  15<sup>th</sup> effective: \_\_\_\_\_  
• Semi  1<sup>st</sup> and 15<sup>th</sup> effective: \_\_\_\_\_  
• Installment Due Date  effective: \_\_\_\_\_

Increase withdrawal amounts to: \_\_\_\_\_  
(amount) (effective date)

Decrease withdrawal amounts to: \_\_\_\_\_  
(amount) (effective date)

Change banking information: \_\_\_\_\_  
(Attach VOID Cheque) (effective date)

Other: \_\_\_\_\_  
(reason)

*I hereby authorize The City of Oshawa, Revenue and Tax Services, to make the revisions as requested above with respect to my enrollment in the Pre-Authorized Tax Payment Plan.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please submit your completed change form by email, fax, mail or in person at the contact information above at least 21 days prior to your scheduled pre-authorized withdrawal to ensure that your changes will be processed in advance of the required date.