

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

### **Taxpayer Information:**

Assessed Owner Name(s): \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

### **PLAN TYPE CHANGE:**

#### **Current Plan:**

10 Month Payment Plan

Due Date Payment Plan

#### **Switch To:**

10 Month Payment Plan

Due Date Payment Plan

### **Banking Information Change:**

#### **Financial Institution Information (Please attach one of the following):**

*Account can not be a line of credit*

Void Cheque

Direct deposit/pre-authorized debit form

**Effective Date:**  
(MM/DD/YY)

**I/We hereby authorize The Corporation of the City of Burlington to debit my/our account.**

Signature (1): \_\_\_\_\_

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

Signature (2): \_\_\_\_\_

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

*For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account.*

**NOTE:** Any account changes **must be received in our office 10 business days prior to the next withdrawal** to process the change before the next payment.

Completed form can be mailed, faxed or emailed to [pap@burlington.ca](mailto:pap@burlington.ca).