



THE CORPORATION OF THE CITY OF SARNIA
Tax Department
255 Christina St. N P.O. Box 3018
Sarnia, ON N7T 7N2
Phone: (519) 332-0330 Email: taxes@sarnia.ca

Pre-Authorized Payment Plan
Cancellation or Banking Information Change Form

Tax Roll #: _____ Date: _____
Address: _____ Phone #: _____
Email: _____

Current Plan:
 Monthly **Due Dates**

Please **cancel** my pre-authorized payment plan:
 Immediately
 After the _____ pre-authorized withdrawal is processed
DATE
If property is selling, please indicate closing date: _____

Please **change the bank account** that my payments are withdrawn from
Starting date: _____
Be sure to attach a void cheque or pre-authorized debit form for the new bank account

Please **change my pre-authorized payment plan** from
 Due Dates to Monthly
 Monthly to Due Dates

Authorizing Signature(s)

Signature 1

Signature 2

Name (please print)

Name (please print)