

# Preauthorized Tax Payment (PTP) Plan

## Cancellation or Change Request

The Corporation of the City of Mississauga  
Mississauga Taxes  
300 City Centre Drive, 4th Floor  
Mississauga, Ontario L5B 3C1  
Telephone: 3-1-1, 905-615-4311 (outside City limits)  
Fax: 905-615-3532  
Email: tax@mississauga.ca  
www.mississauga.ca/portal/residents/taxformscentre



Personal information on this form is collected under the authority of the *Municipal Act, 2001*, Part X: Taxation, and will be used to process your cancellation/change request for preauthorized tax payment (PTP) plan. Questions about the collections of this personal information only should be directed to the Manager, Revenue and Taxation, 300 City Centre Drive, Mississauga, ON, L5B 3C1, 905-615-3200 ext. 5256.

### Form filling instructions

1. This request is used when tax payer(s) wants to modify or cancel their Preauthorized Tax Payments.
2. Provide all requested information (an incomplete form may delay processing).
3. Form can be emailed, faxed, mailed or delivered to the Mississauga Tax Office as per the address noted above.
4. Allow a minimum of fifteen (15) business days prior to your next withdrawal date, for the request to be processed.

### Owner Information

Property Roll Number	Customer Number
Property Street Address	
Owner's Name (Last)	(First)
Telephone (Day 8:30 - 4:30)	Email

### Cancellation Note: A Preauthorized Tax Payment Plan is non-transferable. A new application is required for enrolment on a new property.

Effective date for cancellation	Year	Month	Day
My property has been sold with a closing date of	Year	Month	Day

### Change Bank Information Note: Line of credit, credit card and savings cheques are not acceptable. Void Cheque attached

Effective date for change	Year	Month	Day
Bank Name	Bank Address		

00577 06212 003 200-202-0 (Sample account ONLY. Write your personal account below.)

Bank Transit Number (5 digits) | Bank Number (3 digits) | Account Number

### Change Withdrawal Date Note: Change to a withdrawal date will be processed effective for the next billing period.

Change my due date (circle your current withdrawal date and the date you wish it changed to)

From	Due Date	1st	8th	15th	22nd	To	Due Date	1st	8th	15th	22nd
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### Authorization

I/we hereby agree to all terms and conditions outlined in the Pre-authorized Tax Payment Plan and authorize my/our bank to draw and issue payment payable to Mississauga Taxes for payment of property taxes. Furthermore, I/we acknowledge that all person(s) whose signature(s) are required to sign on this account have signed this application.

Signature 1.	Dated this	Year	Month	Day
Signature 2.	Dated this	Year	Month	Day