



Pre-Authorized Payment (PAP) Cancellation Form

Form Required for Each Property

Customer Information (Please Print Clearly)

Owner Name(s): _____

Roll Number:

3	7	2	9	-				-	0	0	0	-					-	0	0	0	0
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Civic Address of Property: _____

Phone Number: _____ E-Mail _____

Cancellation Details

I/we cancel my/our authorization to issue pre-authorized payments against my/our account number noted above. I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Town of Amherstburg.

Cancellation Effective Date: _____

Signature of Account Holder:

Signature of Joint Account Holder (If applicable):

Name: _____

Name: _____

Date: _____

Date: _____

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Cancellation Notice.

Subject to the terms of any agreement between a Payor and Payee including their Payor's PAP Agreement, a Cancellation Notice may be provided to a Payee by way of regular mail, e-mail or hand delivered and must be provided in compliance with the notice requirements for cancellations, if any set out in the applicable Payor's PAP Agreement.

Please contact our office if cancellation will occur within 21 days of the next withdrawal date.