

The Corporation of the
Town of Amherstburg
Financial Services Department
Property Tax Division



271 Sandwich St. S.
Amherstburg, ON N9V 2A5
Tel: (519) 736-0012
Fax: (519) 736-0011

Pre-Authorized Payment (PAP) Cancellation Form

Form Required for Each Property

Customer Information (Please Print Clearly)

Name: _____

Roll Number:

3	7	2	9	-				-	0	0	0	-					-	0	0	0	0
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Municipal Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

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 mail, fax or dropped off and must be provided in compliance with the notice requirements for cancellations, if any set out in the applicable Payor's PAP Agreement.

Please allow 10 business days upon receipt of this notice at the Town for changes to take effect.