

Cancellation or Account Information Change Form Pre-authorized Payment

Date: _____

Tax Roll #: _____ Telephone: _____

Address: _____

Property Owner(s): _____

Please cancel my PAP payment after _____ PAP is processed.
Date

Reason for cancelling:

- Sold property with the closing date being _____
- Mortgage company now responsible for payment
- Please reinstate normal billing

Please change the account for which my payment is being withdrawn.

Start date: _____

See attached VOID cheque or letter from financial institution for any account change

Authorizing Signature(s)

Note: If more than one signature is required for the financial institution account, then all must sign this document.

Signature 1: _____ Signature 2: _____

Name _____ Name _____
(Please Print) (Please Print)

Office Use Only

Date Received : _____

Received By: _____