



**PRE AUTHORIZED PAYMENT PLAN  
CANCELLATION FORM**

**Town of Mattawa  
160 Water St, PO Box 390  
Mattawa, ON P0H 1V0  
Tel: 705-744-5611 Fax: 705-744-0104  
E-mail: [info@mattawa.ca](mailto:info@mattawa.ca)**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

I/We, \_\_\_\_\_, cancel my/our authorization to issue (Personal, Business, Funds Transfer or Cash Management) pre-authorized debits in the amount of \$\_\_\_\_\_ against my/our account number \_\_\_\_\_ effective on \_\_\_\_\_ (date). I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signed: \_\_\_\_\_  
(Payor/Valid Signing Authority)

Note: Subject to the terms of any agreement between a Payor and Payee including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, Internet, e-mail, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the application Payor's PAP Agreement.