



**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**

Date: _____

Property Owner Name: _____

Property Address: _____

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.