

Vivian Bloom
Mayor

Pat Pilgrim
CAO / Clerk



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CANCELLATION NOTICE OF PRE-AUTHORIZED DEBITS (PADS)

Date: _____

I/We (Payor Names):

Cancel my/our authorization to issue (Personal or Business) pre-authorized debits in the current amount against roll #: _____

Effective on: _____.

I/We acknowledge that this cancellation does not terminate any other obligation that I/We may have with the Payees.

All Property Owners to
Sign: _____

Payor/Valid Signing Authority(ies)

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

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 applicable Payor's PAD Agreement.