

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT CANCELLATION NOTICE

1. Customer Account Information (Please print clearly)		
Name:		Folio No.: _ _ _ _ . _ _ _ _
Civic Address:		
Phone No: _ _ _ _ - _ _ _ _ - _ _ _ _ _	Email Address:	
I/We the undersigned cancel my/our authorization to issue pre-authorized debits for the amount of my/our (please choose application below) account(s) in regards to civic address and folio listed above. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Town of Ladysmith.		
Utility Invoice	Property Tax Prepayment Plan	Effective Date:
2. Signed (Payor/Valid Signing Authority(ies):		
Account Holder Information:		Joint Account Holder Information: (if applicable):
Name:		Name:
Date:		Date:
Signature:		Signature:

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 purpose of this Cancellation Notice.

Note: Please note that the CPA cannot cancel a PAD agreement. All cancellation requests must be submitted directly to the Town of Ladysmith. It is advisable to notify the Town of Ladysmith in writing and keep a record of the cancellation request.

Subject to the terms of any agreement between you, the Payor and the Town of Ladysmith's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, internet, email, 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.

