CORPORATION OF THE TOWN OF KINGSVILLE
Pre-Authorized Payment (PAP) Cancellation Notice

* Form Required For Each Property

1. Customer Information (*Please Print Clearly*)

Name: _____

Roll Number: 3 7 1 1 - _ _ _ - 0 0 0 - _ _ _ _ _ - 0 0 0 0

Water Account: _ _ _ _ _ _ _ _ . _ _ _

Municipal Address: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (Residence) _____ (Work) _____

2. Cancellation Details

I/We cancel my/our authorization to issue pre-authorized payments against my/our account number noted above.
I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Town of Kingsville.

Cancellation Effective Date: _____

Signature of Account Holder: _____

Name: _____
(Please Print)

Date: _____

Signature of Joint Account Holder (if applicable): _____

Name: _____
(Please Print)

Date: _____

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 purposes of this Cancellation Notice.

Note: Subject to the terms of any agreement between a Payor and Payee including their Payor's PAP Agreement, a Cancellation Notice may be provided to a Payee by way of mail, fax or dropped off and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAP Agreement.

Please allow 10 business days upon receipt of this notice at the "Town" for changes to take effect.

When the form is complete, please return to:

Town of Kingsville - Attn: Treasury Dept.
2021 Division Road N., Kingsville, ON N9Y 2Y9
Tel: (519) 733-2305 Email: kingsvilleworks@kingsville.ca