



MUNICIPALITY OF MARMORA AND LAKE
P.O. Box 459, 12 Bursthall Street, Marmora, ON K0K 2M0
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www.marmora.info/

CANCELLATION NOTICE OF PRE-AUTHORIZED DEBITS (PADS)

Date: _____

I/We(Payor Name) _____

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

Effective on _____.

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

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.