



Municipal Office

#1 Waskasoo Ave P.O. Box 10 Penhold, AB T0M 1R0

Tel: 403-886-4567 Fax: 403-886-4039 www.townofpenhold.ca

CANCELLATION NOTICE Tax Payment Plan

1. Customer Information (Please print clearly)

Name: _____

Roll #: _____ Monthly Tax Payment Amt: _____

Civic Address: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone #: _____

2. Cancellation Information

I/we cancel my/our authorization to issue Personal/business pre-authorized debits in amount of \$_____ against my/our account number effective on _____ (Need to provide at least 30 days notice to the town). I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Town of Penhold. With this cancellation all outstanding amounts become due and payable to the Town of Penhold and subject to penalties.

Signature of Account Holder

Signature of Joint account Holder

Name (Please Print)

Name (Please Print)

Date

Date

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 Cancellation Notice.