



2716 - 1st Avenue, Edson, Alberta T7E 1N9

Taxation Cancellation Notice

Customer(s) Name(s):

Address:

City: Province: Postal Code:

Area Code and Telephone Number:

Name of Financial Institution: (the "Bank")

Branch Address:

City: Province:

SHADED AREA FOR OFFICE USE ONLY

Tax Roll Number(s): **Address ID:**

Bank Number: **Transit Number:**

Account Number:

I/We, the above named customer, cancel my/our authorization to issue pre-authorized debits against my/our account as described above effective _____.

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

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 PAD Agreement, a Cancellation Notice may be provided to Yellowhead County and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payor's PAD Agreement.

Date:

Customer's Signature:

Date:

Customer's Signature: