

**Utility Cancellation Notice - PAD** 

Customer(s) Name(s):	
Address:	
City: P	Province: Postal Code:
Area Code and Telephone Number:	
Name of Financial Institution: (the "Bank")	
Branch Address:	
City: Province:	
SHADED AREA FOR OFFICE USE ONLY	
Utility Account 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:
Date:	Customer's Signature.