

**Cancellation Notice
for
Pre-authorized Debit Payments**

TO: TOWN OF SUNDRE

I/We, _____, cancel
my/our authorization to issue pre-authorized debits against my/our bank
account number _____. I/We acknowledge that this
cancellation does not terminate any other obligation that I/we may have with
the Town of Sundre.

Your Utility Account # _____ Effective date: _____

and/or

Your Tax Roll Account# _____ Effective date: _____

Date: _____

Signed: _____ Phone: _____
Payor or Valid Signing Authority(ies)

***Note:** As per the PAD Agreement, the Town of Sundre **requires at least ten (10) business days** notice of cancellation before the next scheduled Debit payment. Notice may be provided to the Town office by registered mail, Internet, e-mail, fax or prepaid courier.*

The information on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is used solely for purposes of administering the Town of Sundre Pre-authorized Debit accounts. If you have any questions about the use of your personal information provided on this form please contact the Town of Sundre FOIP Coordinator at (403) 638-3551.