

**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(s)

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 the *Protection of Privacy Act (POPA)*, Section 4, and is used solely for purposes of administering the Town of Sundre's 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 POPA Coordinator at (403) 638-3551 or email: townmail@sundre.com