



Pre-Authorized Debit Cancellation Notice

Taxation and Revenue Department
City of Kawartha Lakes
P.O. Box 696, 26 Francis Street
Lindsay, Ontario K9V 4W9
Tel: (705) 324-9411 Ext. 1272, 1-888-822-2225
Fax: (705) 328-2620
Email: taxes@kawarthalakes.ca
www.kawarthalakes.ca

Date

I/We _____ (Client(s) Name), authorize the City of
Kawartha Lakes to cancel my/our authorization to issue;

Pre-Authorized debts in the amount of \$ _____ against my/our:

Property Taxes

Roll Number

Property Address

Water/Wastewater

Account Number

Property Address

Accounts Receivable

Customer Number

Account Name

Effective on (mm/dd/yyyy)

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the City of Kawartha Lakes.

Signed (Client/Valid Signing Authority (ies))

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Where the Client'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 the City of Kawartha Lakes including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of mail, registered mail, e-mail, fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the City of Kawartha Lakes Payor's PAD Agreement.

Personal information contained on this form is collected pursuant to the Municipal Act, 2001 and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy-Clerk at 705-324-9411 extension 1295 or 1322.