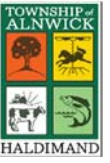




Township of Alnwick/Haldimand – Pre-Authorized Payment (PAP) Plan CANCELLATION REQUEST FORM



Tax Roll Number	1	4	5	0	-										-	0	0	0	0	0	(Appears on Final Tax Bill)
Property Address																					

Property Owner(s) _____

I (we), _____
Print Payor name(s)

request to cancel my (our) pre-authorized debits towards property taxes effective on _____
Date

I (we) acknowledge that this cancellation does not terminate any other obligation that I (we) may have with the Payee.
Account will be billed by installments thereafter.

I (we) will notify the Township of Alnwick/Haldimand a minimum of fifteen (15) days prior to the next due date of the pre-authorized debit.

Printed Name _____ Date _____

Signature _____

When the form is complete, drop off, mail or fax to: Township of Alnwick/Haldimand
Tax Administrator
10836 County Road 2
Grafton, ON K0K 2G0
Phone: 905-349-2822 ext. 31 Fax: 905-349-3259
Email: kmoran@ahntp.ca

FOR OFFICE STAFF

Date Received _____ Initials _____

Date Filed _____ Initials _____