



***Pre-Authorized Debit (PAD) Cancellation Form***

**Customer Information (Please Print Clearly)**

Name(s): \_\_\_\_\_

Roll Number(s): \_\_\_\_\_

Cancellation Effective Date: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

*I/we cancel the issuance of preauthorized debit against my/our account. I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Township of Whitewater Region.*

Signature of Account Holder

\_\_\_\_\_

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Received Date: \_\_\_\_\_

Employee Initials \_\_\_\_\_

**Email:** [ngreen@whitewaterregion.ca](mailto:ngreen@whitewaterregion.ca)

**Phone:** 613-646-2282