



#100, 905 - 4<sup>th</sup> Avenue South, Lethbridge, Alberta T1J 4E4

## PRE-AUTHORIZED DEBITS CANCELLATION NOTICE

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

ROLL #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CUSTOMER #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

I / We, \_\_\_\_\_, wish to

cancel my / our authorization to issue pre-authorized debits in the amount of

\$ \_\_\_\_\_ starting \_\_\_\_\_ and future

☐ taxes, ☐ utilities, ☐ cardlock water.

I / We acknowledge that this cancellation does not terminate any other obligation that

I / We may have with Lethbridge County.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

### OFFICE USE ONLY

Cancelled ☐

Approval ☐

Process ☐

Note: Subject to the terms of any agreement between Payer and Payee including their Payer's PAD Agreement, a Cancellation Notice may be provided to a Payee by the way of registered mail, telephone, internet, e-mail, and fax or prepaid courier and must be provided in compliance with the notice requirements for cancellations, if any, set out in the applicable Payer's PAD agreement.

*The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email [atippcoordinator@lethcounty.ca](mailto:atippcoordinator@lethcounty.ca) or call 403-328-5525.*