



**PRE-AUTHORIZED PAYMENT  
CANCELLATION REQUEST FORM**

**Please cancel the Pre-Authorized Payment Plan for:**

Property Roll Number: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

(If selling – please indicate closing date)

Date effective for: \_\_\_\_\_

**PLEASE NOTE: Cancellation requests must be received in our office 10 business days prior to the next withdrawal in order to cancel your next payment.**

Completed form can be faxed to 705-382-2068 or emailed to [info@armourtownship.ca](mailto:info@armourtownship.ca)

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

(For joint accounts all depositors must sign if more than one signature is required on cheques issued against the account.)

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**OFFICE USE ONLY**

Account Cancelled as of \_\_\_\_\_ by \_\_\_\_\_