



**PROPERTY TAX**  
**Town of Grimsby – Finance Department**  
 PO Box 159, 160 Livingston Ave., Grimsby ON, L3M 4G3 Phone: 905-945-9634 Fax: 905-945-5010  
 Email: [Treasury-General@grimsby.ca](mailto:Treasury-General@grimsby.ca)

**CANCELLATION NOTICE FOR PREAUTHORIZED PAYMENT PLAN**

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**CUSTOMER INFORMATION:**

Name: \_\_\_\_\_ Tax Roll No.: **2615** \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone: (H) or (W) \_\_\_\_\_

Effective Date: \_\_\_\_\_  
 (No withdraw after)

Lawyer: \_\_\_\_\_ Closing Date: \_\_\_\_\_  
 (For property sale)

I/we the undersigned cancel my/our authorization to issue, to the Town of Grimsby, preauthorized debits against my/our bank account number \_\_\_\_\_. I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Town of Grimsby.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Account Holder) (Joint Account Holder)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 (Please Print) (Please Print)

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

**TERMS AND CONDITIONS**

- Any changes to the plan must be received by the Finance Department one week prior to the bill payment date.
- You may terminate participation in the plan at any time by giving notice in writing to the Finance Department one week prior to the next withdrawal. Payments made prior to cancellation are not refunded. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

RECEIVED  
(Office Use)

Cancelled:

Tax Roll # 2615

Note: