



Corporation of the City of Pembroke

Tax Department
email: ebilling@pembroke.ca

fax: 613-735-3660

Pre-Authorized Debit (PAD) Plan Cancellation Request Form

Please indicate below your desired payment plan change. **A minimum of 10 business days notification is required** prior to the next scheduled withdrawal.

Tax Roll Number: 4764-

Cancel the Tax Payment Plan

Stop pre-authorized payment withdrawals with last draw date being
. Regular bill due dates apply.

Water Account Number:

Cancel the Water Payment Plan

Stop pre-authorized payment withdrawals with last draw date being
. Regular bill due dates apply.

Service Address:

Owner's Name:

Phone Number:

If two signatures are required for a chequing account, two signatures must appear on this form.

Authorized Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

When the form is complete, mail or fax to:

City of Pembroke
1 Pembroke Street East Pembroke, ON K8A 3J5
Phone: 613-735-6821 Fax: 613-735-3660
Email: ebilling@pembroke.ca

Notice of Collection of Personal Information

The information collected on this form is collected under the authority of Section 342 of the *Municipal Act, 2001* as amended and will be used for the sole purpose of canceling pre-authorized payments to the relevant account. Any questions related to the collection of this information should be directed to the City Clerk, 1 Pembroke St E, Pembroke ON K8A 3J5.