

CANCELLATION NOTICE

TO: Town of Fort Frances

DATE:

I/We, _____, cancel my/our authorization to issue

Personal Business

pre-authorized debits in the amount of \$ _____ against my/our account number
_____ effective on _____. I/We acknowledge that this
cancellation does not terminate any other obligation that I/we may have with the Payee.

Signed:

Payor/Valid Signing Authority(ies)

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.

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