



**CANCELLATION NOTICE**  
**Pre-Authorized Debits**

TO: Town of Wolfville

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

I/We, \_\_\_\_\_ cancel my/our authorization to issue 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 Town of Wolfville.

Signed: \_\_\_\_\_  
Payor/Valid Signing Authority(ies)

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.