

PRE-AUTHORIZED DEBIT (PAD) CANCELLATION FORM

□ Property Tax

□ Water

Return Completed PAD Cancellation Form by mail, email or fax to:

King Township 2585 King Road King City, Ontario Canada, ON L7B 1A1

Email: pad@king.ca Phone: 905.833.5321 Fax: 905.833.2300 Website: www.king.ca

Property Tax – Plan enrolled:																						
☐ Monthly Plan									☐ Due Date Plan (per scheduled due date)													
Tax Roll No	0	0	0	-				-						-	0	0	0	0				
Water – Due Date Plan (per scheduled due date only):																						
Water Accoun	nt#									•												
Customer Information (All fields are mandatory):																						
Owner Name(s):																						
Property Address:															_							
Street:		Town:																				
Postal Code:		Email:																				
Telephone:																						
Cancellation Reason:																						
☐ Property So	ld																					
□ Other																						
																		-				
I/We, the Payor(s against my/our ac			•														_					
															MM – D							
Signature of Acco				D	ate:						_											
Signature of Account Holder: Date:													_									
(Where the Payor's such person are red										or mor	e sign	ing a	uthori	ties, t	he sigi	nature	es of a	II				
Office Use Only:																						
☐ Remove from		IC							□ Re	emov	e Pen	alty f	lag									
☐ Remove Bar	ık Inf	o (Cu	stom	er Ma	inter	ance	e)		J Re	emov	e PA) Info	(Roll	Mair	itenar	nce)						