



PAP CANCELLATION NOTICE

(To be received at least **30 days** before next scheduled payment.)

Email: pap@westhants.ca

<input type="checkbox"/> Taxes	AAN Number	_____
<input type="checkbox"/> Water	Account Number	_____

I/We, _____ cancel my/our authorization to issue pre-authorized debits in the amount of \$_____ against my/our bank account number _____ effective on _____.

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the West Hants Regional Municipality.

Signed : _____
Payor/Valid Signing Authority Date

Payor/Valid Signing Authority Date

Note: Subject to the terms of any agreement between a Payor and Payee including their Payor's PAP Agreement. A Cancellation Notice must be received **in writing** at least 30 days before the next scheduled payment and must be provided in compliance with the notice requirements for cancellations, if any, as set out in the applicable Payor's PAP Agreement.

Personal

Business