

CANCELLATION FORM FOR PRE-AUTHORIZED DEBIT PLAN

<p>Option 1</p> <p><input type="checkbox"/> 12 Month Plan</p>	<p>Option 2</p> <p><input type="checkbox"/> 9 Month Plan</p>	<p>Option 3</p> <p><input type="checkbox"/> Fixed Monthly amount</p>	<p>Option 4</p> <p><input type="checkbox"/> Installment Plan</p>
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Date: _____

Roll #: _____

Municipal Address: _____

Property Owner's Name(s): _____

Please cancel my enrollment in the preauthorized debit plan for the above property, effective:

 Date: mm / dd / yyyy

 Signature

Please note: If this cancellation is not received by the County of Prince Edward Tax Department 10 calendar days prior to the 15th of the month, the cancellation will not come into effect until the following month.

If you have any questions, please contact the tax department at the coordinates below.