



PRE-AUTHORIZED DEBIT (PAD) PLAN CANCELLATION REQUEST FORM

Please indicate below your desired payment plan change. A minimum of 10 business days notification is required prior to the next scheduled withdrawal.

Tax Roll Number: 38- _____

Cancel the Tax Payment Plan

Stop pre-authorized payment withdrawals with last draw date being _____.
Account will be billed by installments thereafter.

Water Account Number: _____

Cancel the Water Payment Plan

Stop pre-authorized payment withdrawals with last draw date being _____.
Account will be billed by installments thereafter.

Service Address: _____

Owner's Name: _____

Phone Number: _____

If two signatures are required for a chequing account, two signatures must appear on this form.

Authorized Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

When the form is complete, mail or email to: Richmond Hill
Corporate & Financial Services - Revenue Services
225 East Beaver Creek Rd.
Richmond Hill, ON L4B 3P4
Email: revenue@richmondhill.ca