



Discontinue Before _____ 1st withdrawal
Month

PAP PRE-AUTHORIZED PAYMENT PLAN

CANCELLATION

Please **cancel** my enrolment in the PAP program:

Roll Number	_____
Assessed Owner(s)	_____
Address	_____ _____ _____
Telephone Number	_____
Signature	_____ _____
Date	_____

Reason for cancellation: _____

Lawyer's name: _____

Lawyer telephone number: _____

Note: the tax department must receive this written notice of cancellation at least **15 days prior** to the next withdrawal to allow time for processing.