



Cancellation of Pre-Authorized Payments (PAP)

To whom it may concern,

Please cancel my enrollment in the Pre-Authorized Payment program.

Discontinue before _____ 1st Payment

Roll Number: _____

Assessed Owner: _____

Property Address:

Phone: _____

Signature: _____ Date: _____

Reason: _____

Lawyer: _____

Phone Number of Lawyer: _____

Please 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.

Mail, fax or email completed forms using the contact information below:

Municipality of Clarington
Municipal Administrative Office
Attn: Tax Department
40 Temperance St.
Bowmanville ON L1C 3A6

Fax: 905-623-4169

Email: tax@clarington.net

Corporation of the Municipality of Clarington

40 Temperance Street, Bowmanville, ON L1C 3A6 905-623-3379 www.clarington.net