



**MUNICIPALITY OF SOUTH BRUCE**  
**Pre-Authorized Payment Cancellation Notice**

To: Municipality of South Bruce

I/We \_\_\_\_\_, would like to cancel my/our Authorization to issue Pre-Authorized debits against my/our Property Taxes Effective on \_\_\_\_\_.

Roll Number 41-05-\_\_\_\_\_

Property Address  
\_\_\_\_\_

I,/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Municipality of South Bruce.

Signed: \_\_\_\_\_  
Client/Valid Signing Authority

Date: \_\_\_\_\_  
Month/Day/Year

Where the Client's account agreement requires the signature of more than two signing authorities, the signatures of all such person are required for the purposes of this Cancellation Notice.

Note: Minimum of Ten Days Notice to be given to ensure adequate time to remove from Pre-authorized debit transactions.

Mail to: PO Box 540 Teeswater, ON N0G 2S0