



REQUEST TO CHANGE PRE-AUTHORIZED DEBIT (PAD) INFORMATION

District of Mission – Finance Department
PO Box 20, 8645 Stave Lake Street, Mission, BC, V2V 4L9 Phone: 604-820-3717 Fax: 604-826-1363

Information must be received by the 5th of the month

DISCONTINUE PAYMENTS

Property Address: _____ Roll# _____

I/We, _____, cancel my/our authorization to issue pre-authorized debits in the amount of \$ _____ against my/our account number _____ effective on (date) _____

I/We acknowledge that this cancellation does not terminate any other obligation that I/We may have with the Payee.

Signed: _____

Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purpose of this cancellation notice.

NEW FINANCIAL INSTITUTION INFORMATION

Please note – a blank cheque marked “VOID” must be attached to this form.

❖ Bank Information: Bank: _____ Dated: _____
Transit: _____
Account: _____

❖ Property Address: _____

❖ Roll Number : _____

❖ Payment Amount: _____

Property Owner's Signature: _____