



Tax Instalment - Cancellation

www.parklandcounty.com

Email: assessment&tax@parklandcounty.com

Phone: 780-968-8418

NAME: _____

ROLL #: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

I/We hereby cancel my/our participation in Parkland County's tax pre-authorized payment plan.

Please discontinue as of: _____
Date

I understand that notification of this cancellation must be made a minimum of *ten (10) business days* prior to the regular scheduled withdrawal date.

I understand that *all unpaid taxes become due and payable* upon cancellation and are subject to penalties in accordance with Parkland County's Tax Penalty Bylaw 2015-16.

Date

Signature

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

County Use Only

County Representative: _____ Date Changed: _____

The information collected on this document will be used for the purposes allowed under the authority of the *Municipal Government Act*. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection and use of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Parkland County, 53109A HWY 779, Parkland County, Alberta T7Z 1R1 (780-968-3229).