



www.parklandcounty.com

Email: assessment&tax@parklandcounty.com

Phone: 780-968-8888 ext. 8418

Tax Instalment - Cancellation

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 personal information provided is collected in accordance with Section 4(c) of the Alberta Protection of Privacy Act (POPA) and will be protected under Part 2 of that Act. The information collected will be used to process your application and for administrative purposes directly related to the program or service for which you are applying. Please direct any questions about the collection, use or disclosure of your personal information to the Legal Services Coordinator at Parkland County 780-968-3229 or ATI@parklandcounty.com.