

TAX INSTALMENT PAYMENT PLAN (TIPP) - CANCELLATION FORM

I/We,	(the "Payor"), hereby cancel my/our authoriz	ation to
issue Property Tax Instalments/Pre-Authorized Debits in the amount of \$against		
my/our roll number #	_ to the Town of Drayton Valley (the "Payee") effective
on		
I/We acknowledge that this cancellation does not terminate any other obligation that I/we		

may have with the Payee.

Signature_____

_Date__

Payor/Valid Signing Authority(ies): Where the Payor's account agreement requires the signature of two or more signing authorities, the

signatures of all such person are required for the purposes of this Cancellation Notice.

Signature____

Date

Payor/Valid Signing Authority(ies): Where the Payor's account agreement requires the signature of two or more signing authorities, the

signatures of all such person are required for the purposes of this Cancellation Notice.

If the Owner of the property is a company or organization, the signature(s) of the authorized officers must be accompanied by a corporate seal, or an Affidavit Verifying Corporate Signing Authority.

FOR OFFICE USE ONLY		
Date Received:	Date Approved:	
Received by:	Approved by:	