



Pre-authorized Debit Cancellation / Change Form

TOWN OF GANDER

100 Elizabeth Drive, Gander NL A1V 1G7
Office Hours: 8:30am - 4:30pm Monday to Friday
Tel (709)651-2930 Fax: (709)256-5809
Email: accountsreceivable@gandercanada.com

Office Use Only

Received By: _____

Date: _____

Applicant Information

Name: _____ Account #: _____

Address: _____ Roll # _____

Email: _____ Telephone # _____

Cancellation

- I would like to cancel my Pre-Authorized Payment Plan as of _____
_____ in the amount of \$ _____.
Date: yyyy/mm/dd

Bank Information Changes

- I would like to change the Banking information on my Pre-Authorization Payment plan as of _____.
Date: yyyy/mm/dd

Banking Details: (Please include a void cheque)

Name of Bank: _____

Bank #: _____ Branch #: _____ Bank Account #: _____

Payment / Customer Account Changes

- New Monthly Payment Amt: _____ Reason: _____
- New Customer ID Name: _____ Reason: _____

A Pre-Authorized Debit change / cancellation should be made at least (10) days prior to the last day of the month.

SIGNATURE

DATE: (yyyy/mm/dd)