



CITY OF  
*Lethbridge*

**CANCELLATION**  
for Pre-authorized Debit (PAD)

**Assessment & Taxation Department**  
910 4 Ave S Lethbridge, AB T1J 0P6  
Phone: 311 or 403-320-3111 (outside Lethbridge)  
Email: [tax@lethbridge.ca](mailto:tax@lethbridge.ca)

**Tax Installment Payment Plan (TIPP)**

**DATE:** \_\_\_\_\_

**ROLL #:** \_\_\_\_\_

**I/We, \_\_\_\_\_ cancel my/our authorization to issue**

**Personal, or Business pre-authorized debits in the amount of \_\_\_\_\_**

**for property address \_\_\_\_\_**

**Effective date:** \_\_\_\_\_

**This cancellation form must be received by the Assessment and Taxation Department by the 20<sup>th</sup> of the month prior to the next TIPP withdrawal.**

**I/we acknowledge that this cancellation does not terminate any other obligation that I/we may have with the City of Lethbridge.**

**SIGNED:** \_\_\_\_\_

The personal information collected on this form will be used for the purpose of administering the Tax Installment Payment Plan. The information is collected under the authority of the Municipal Government Act, Section 340(2), and is protected under the provision of the Freedom of Information and Protection of Privacy Act.

**For Office Use Only**

PAWS payer confirmed      Y   N

OTHER NOTES:

Sale date: \_\_\_\_\_

Credit amount: \_\_\_\_\_

Penalties cancelled re TIPP      Y   N

Separately titled parking      Y   N