



**PREAUTHORIZED PAYMENT
CANCELLATION FORM**

Name of property owner: _____

Second property owner: _____

Address of property: _____

Please cancel my preauthorized payment agreement as of:

Date: (YYY-MM-DD)

This notice must arrive at least 10 working days prior to the scheduled date for the next debit withdrawal

File number: _____

Signature

Signed in: _____

Date

Please return this form to:

VILLE DE SAINT-BRUNO-DE-MONTARVILLE
1585, rue Montarville, Saint-Bruno-de-Montarville (Québec) J3V 3T8
taxation@stbruno.ca
Information: 450 645-2999