



**Cancellation of Pre-Authorized Payment Plan (PAP) & Automatic Tax Installment
Withdrawal (ATIW)**

Name(s) _____

Mailing Address: _____

Home Phone #: _____ Work Phone#: _____

Cell Phone#: _____ Cottage Phone#: _____

Email: _____

Archipelago Civic Address: _____

Assessment Roll Number: 49-05- _____ -0000

(please include additional Archipelago civic addresses and assessment roll numbers on an extra sheet of paper)

Effective Date of Cancellation: _____

***I/We, the undersigned request the Township of The Archipelago stop monthly payments
drawn from my Financial Institution for the payment of property taxes.***

Authorized Signature 1: _____ Date: _____

Authorized Signature 2: _____ Date: _____

For joint accounts, all depositors must sign if more than one signature is required on cheques issued against this account.