



**DISTRICT OF LAKELAND
PAD - Pre-Authorized Debit Service – Cancellation**

Property Roll Number | | | | | | | | | |

Property Civic Address:

Name: _____ Daytime Phone Number: _____

Signature: _____

Cancellation Reason:

____ Sold Property/Possession Date: _____
YY/MM/DD

Date of Final PAD Withdrawal: _____
YY/MM/DD

Other: _____

For Office Use Only: Received by: Fax _____ Mail _____ Email _____ In Person _____

Date Entered: _____

Date Cancelled: _____

Refund Amount Requested _____

Checked by: _____ YY/MM/DD (if applicable) _____