

FORM 8

NOTICE OF REVOCATION OF PAYMENT ORDER

(Support Enforcement Act, S.N.B. 2005, c.S-15.5, ss. 17 (2)(a), (6)(a), and (6.2))

Court File No. _____

FSOS Case No. _____

TO:

TAKE NOTICE THAT:

Effective this date, the payment order dated _____ which directs you to deduct support payments from monies due and owing to the payer and forward those amounts to the Director of Support Enforcement, has been revoked.

Dated this _____ day of _____, 20__.

Director of Support Enforcement