



Utility Pre-Authorized Payment Cancellation

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Roll Number/Utility Account Number

Property Address: _____

Name: _____ Phone: _____
Bank Account Holder Home Work Cell

Name: _____ Phone: _____
Joint Bank Account Holder Home Work Cell

Signature: _____ Final Payment Date: _____
MM/DD/YY

Cancellation Reason: Sold Property/Possession Date: _____

Other: _____

Submit this form at least ten (10) days before your next scheduled withdrawal date by:

Mail: Town of Slave Lake, PO Box 1030, Slave Lake AB T0G 2A0 Email: finance@slavelake.ca
In Person: #10 Main Street SW, Monday to Friday, 8:00 AM to 4:30 PM Fax: (780) 849-2633
Contact Us: (780) 849-8000, Monday to Friday, 8:00 AM to 4:30 PM

For Office Use Only:

Received By: Fax Mail Email In Person

Entered By: _____ Date Cancelled: _____ Refund Amount: _____

Please submit this form ten (10) days before your next withdrawal date.

Telephone: (780) 849-8000

Email: finance@slavelake.ca

Mail: Town of Slave Lake, PO Box 1030, Slave Lake AB T0G 2A0

Fax: (780) 849-2633

Visit: 10 Main St. S.W., Monday to Friday, 8:00 AM to 4:30 PM

The personal information requested on this form is being collected by Municipal Operation as required by the Town of Slave Lake, under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIP act) Section 33(c). If you have any questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP Coordinator at (780)849-8000.