



Prauthorized Payment Cancellation

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Roll Number/Utility Account

Property Address: _____

Name: _____ Phone: _____

Bank Account Holder

Name: _____ Phone: _____

Joint Bank Account Holder

E-Mail Address: _____ Final Payment Date: _____

MM/DD/YY

For Office Use Only

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

Date Entered: _____ Entered By: _____

Signature

Print Name

Date

The personal information requested on this form is being collected by the 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 questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP Coordinator at 780-849-8000.

Return in person, by fax at 780-849-2633, or by e-mail at
propertytax@slavelake.ca, utilities@slavelake.ca or finance@slavelake.ca.