



MUNICIPALITY OF THAMES CENTRE
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PRE-AUTHORIZED CHEQUING PLAN – WATER ACCOUNT

CANCELLATION REQUEST

NAME (S): _____

PHONE NO. RES: _____ BUS: _____

PROPERTY ADDRESS: _____

ACCOUNT# _____

All cancellations must be requested in writing at least 28 days prior to withdrawal date.

CANCELLATION DATE: _____

REASON FOR CANCELLATION: _____

I/WE HEREBY WITHDRAW FROM THE PRE-AUTHORIZED WATER PAYMENT PLAN WITH RESPECT TO THE ABOVE NOTED PROPERTY.

 **AUTHORIZED SIGNATURE (1)

 DATE

 **AUTHORIZED SIGNATURE (2)

 DATE

** If more than one signature is required for withdrawals, all authorized signatures must be given.

FOR OFFICE USE ONLY:	
DATE PROCESSED: _____	INITIAL: _____