

## WATER & WASTEWATER PRE-AUTHORIZED DEBIT PLAN CANCELLATION

DATE: \_\_\_\_\_

WATER ACCT #: \_\_\_\_\_

MUNICIPAL ADDRESS: \_\_\_\_\_

PROPERTY OWNERS NAME: \_\_\_\_\_

PAYOR'S NAME: \_\_\_\_\_

Please cancel my enrollment in the Pre-authorized Debit Plan for the above Water & Wastewater Account, effective: \_\_\_\_\_.

Date mm/dd/yyyy

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have any questions please contact:  
Water and Wastewater Billing Services at 613.476.2148 ext. 1540  
[waterbilling@pecounty.on.ca](mailto:waterbilling@pecounty.on.ca)