

**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. 708
waterbilling@pecounty.on.ca