



Request to Stop Pre-Authorized Payment Plan for Water and Sewer Billings

Date (mm/dd/yyyy):

Attention: Utility Billings and Collections Clerk

Please consider this my request to cease the pre-authorized payment plan for my water and sewer account number 1348 _____. I/We understand that there is a requirement to provide 14 days notice in writing.

I/We understand that effective _____ the Town of Parry Sound will no longer remove our Water and Sewer charges from our bank account.

Signature of Account Holder

Signature of Account Holder