

# TOWN OF CHESTERMERE

<p style="text-align: center;"><b>Utilities Pre-authorized Payment Program</b></p>
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## Termination of Payment Program

I/we wish to notify the Town of Chestermere to terminate the monthly automated withdrawals for payment of utilities from the previously identified bank account, noting that transactions occur bimonthly on the 27<sup>th</sup> day of the month.

EFFECTIVE DATE OF CANCELLATION: \_\_\_\_\_

UTILITY ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

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

TELEPHONE NUMBER: RES. \_\_\_\_\_ BUS. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE