



# Township of Whitewater Region

## CANCELLATION OF PRE-AUTHORIZED PAYMENTS

I \_\_\_\_\_ of \_\_\_\_\_  
(name) (property address)

Request a **STOP** to the **Pre-Authorized Payment Plan** for:

**Water:** \_\_\_\_\_ monthly \_\_\_\_\_ installment **Account #:** \_\_\_\_\_

**Taxes:** \_\_\_\_\_ monthly \_\_\_\_\_ installment **Prop Roll #:** \_\_\_\_\_

Thank You,

\_\_\_\_\_ Signature

\_\_\_\_\_ Print Name

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Effective Date

Reason for cancelling: \_\_\_\_\_