

Pre-Authorization Payment Plan - Cancellation: Water/Wastewater Billing

Name(s): _____

Municipal address of property: _____
(Service address where PAP is applied)

Utility Account Number: _ _ _ - _ _ _ - _ _ _
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The effective date of my withdrawal from the above noted Pre-authorization payment plan will be:

I realize that I must complete a new application if I want to enroll my property in a different pre-authorized payment plan that the City of Owen Sound offers.

If I recently purchased a new property and want to enroll my new property in a pre-authorized payment plan I realize that a new application will have to be completed.

If multiple signatures were required on the original application to authorize a debit on the bank account being used for the above P.A.P. plan(s), the same number of authorized account holders must sign below.

Authorized Signature(s): _____ Date: _____

Authorized Signature(s): _____ Date: _____ Printed

Name(s): _____

For assistance, or further information
please call 519-376-4440 ext. 1243 or
email waterbilling@owensound.ca

