



**CANCELLATION OF  
PREAUTHORIZED UTILITIES  
PAYMENT PLAN**

Date: \_\_\_\_\_

Utility Department  
Town of Westlock

Name: \_\_\_\_\_  
*(Last Name)* *(First Name)*

Re: Address: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Please be advised that I/we wish to discontinue the monthly installment payments through electronic funds transfer as of \_\_\_\_\_  
at the above address. *(Date)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number