



MONTHLY PRE-AUTHORIZED WITHDRAWAL PLAN

PAWS WITHDRAWAL CANCELLATION

TAX FOLIO NUMBER: _____

REGISTERED OWNER: _____

PROPERTY ADDRESS: _____

EFFECTIVE DATE: _____

SIGNATURE: _____

DATE: _____

PLEASE NOTE: Cancellation requests must be received prior to the 10th of the month to take effect on the 15th withdrawal date.

UTILITY AUTO DEBIT WITHDRAWAL CANCELLATION

UTILITY ACCOUNT NUMBER: _____

REGISTERED OWNER: _____

PROPERTY ADDRESS: _____

EFFECTIVE DATE: _____

SIGNATURE: _____

DATE: _____

PLEASE NOTE: Cancellation requests must be received prior to the 10th of the month to take effect on the next withdrawal date.

City of Vernon Finance Department

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