



Town of Coaldale Utility Pre-Authorized Debit

CANCELLATION NOTICE

I/we _____,

cancel my/our authorization to issue pre-authorized debits, either recurring or one-time payments against my/our account number _____,

effective on _____. I/we acknowledge that this cancellation does not terminate any other obligation that I/We have with the Town of Coaldale.

Signed: _____ Date: _____

Signed: _____ Date: _____

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Coaldale, 1920-17th Street, T1M 1M1 or 403-345-1300.