



TOWN OF
SLAVE LAKE

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Roll Number/Utility Account Number

Pre-Authorized Payment Cancellation

Property Address: _____

Name: _____
BANK ACCOUNT HOLDER

Phone: _____
DAY EVENING

Name: _____
JOINT BANK ACCOUNT HOLDER

Phone: _____
DAY EVENING

Signature: _____ Final Payment Date: _____
DD/MM/YY

Cancellation Reason: Sold Property/Possession Date: _____

Other: _____

Submit this form at least ten (10) days before your next scheduled withdrawal date by:

Mail: Town of Slave Lake, PO Box 1030, Slave Lake AB T0G 2A0

Email: finance@slavelake.ca

In Person: #10 Main Street SW, Monday to Friday, 8:00 AM to 4:30 PM

Fax: (780) 849-2633

Contact Us: (780) 849-8000, Monday to Friday, 8:00 AM to 4:30 PM

For Office Use Only:

Received By: Fax Mail Email In Person

Entered By: _____ Date Cancelled: _____ Refund Amount: _____

The personal information requested on this form is being collected by Municipal Operation as required by the Town of Slave Lake, under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIP act) Section 33(c). If you have any questions about the collection or use of your personal information, contact the Town of Slave Lake FOIP coordinator at (780)849-8018.