

NOTICE OF CHANGE/TERMINATION

UTILITY PRE-AUTHORIZED DEBIT PLAN



Date
Account #:

1. Effective , I/we wish to terminate participation in the Utility Pre-Authorized Debit Plan.
2. Effective , I/we wish to change bank accounts as indicated on the attached void cheque or in the letter from my financial institution confirming my bank information.

Signature	Signature
Printed Name	Printed Name

The information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used for registration and administration of services and programs to the subscriber(s) named in this agreement. If you have any questions regarding the collection, use, or disclosure of this information, please contact the Lacombe County Manager of Finance at Lacombe County, RR 3, Lacombe, AB, T4L 2N3, or 403-782-6601.

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