

# 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 |

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*The personal information collected through the Notice of Change/Termination for the Utility Pre-Authorized Debit Plan form is for the registration and administration of services and programs to the subscriber(s) named in this agreement. This collection is authorized by section 4 of the Protection of Privacy Act subsection (c) that information related directly to and is necessary for an operating program or activity of Lacombe County, including a common or integrated program or service. For questions about the collection of personal information, contact Lacombe County's Privacy Coordinator at: 403-782-6601.*

Lacombe County  
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Lacombe AB, T4L 2N3  
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